

Bay Brokerage Inc.

P.O. Box 293


County Rte. 191

Wellesley Island, New York 13640

U.S. CUSTOMS PRO-FORMA INVOICE

PAGE NUMBER

1 OF

1 EXPORTER, SHIPPER, SELLER (COMPLETE NAME AND ADDRESS) NAME: ADDRESS: PHONE:				U.S. CUSTOMS CLEARANCE BY: Bay Brokerage Inc. 	
3 CONSIGNEE (SHIP TO) (COMPLETE NAME AND ADDRESS) NAME: ADDRESS: PHONE:				2 EXPORT REFERENCE NUMBER	
				5 Place of Lading (City / Province / Country)	
				6 Destination (City / State / Country)	
				8 Country of Origin	9 U.S. Port of Entry
11 Invoice Date	12 Date of Sale	14 Exchange Rate	15 Currency of Sale	40	41
4 BUYER (SOLD TO) COMPLETE NAME AND ADDRESS IF DIFFERENT FROM BLOCK 3) NAME: Keystone Automotive Operations Inc. ADDRESS: 44 Tunkhannock Ave PHONE: Exeter, PA 18643 1-800-272-4247				17 Gross Weight and Cubage (Metric)	
(SOLD TO) PARTIES IN THIS TRANSACTION ARE: <input type="checkbox"/> NOT RELATED <input type="checkbox"/> RELATED				10 Pre- carriage by Invoice No.	
				13 Exporting Carrier Truck No.	
				16 Freight Rate Route	
7 Terms of Sale - Delivery - Payment F.O.B: <input type="checkbox"/> PLANT or <input type="checkbox"/> DESTINATION or Prices Shown in Column 21 Include: <input type="checkbox"/> U.S. BROKERAGE <input type="checkbox"/> U.S. DUTY / MPF <input type="checkbox"/> FREIGHT Other (Specify)				U.S. Duty and / or Brokerage Charge for: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee or for the Account of	
18 Invoice Item Description (To include marks, numbers & kinds of packages) U.S. Customs requires weights and measures in metric.				19 Invoice Unit Quantity	20 Invoice Unit Price
				21 Invoice Total	
S.L. & C. SEAL NOS.					
22 If goods are not sold, state reason for export.			23 Export Permit No.		31 Packaging
24 Estimated freight charges To Point of Exit \$ Or to destination \$					32 Ocean or International Freight
25 Mode of Transportation from point of exit <input type="checkbox"/> Road <input type="checkbox"/> Rail <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Other			26 Containerized <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total No. Pcs. / Pkgs.			Dimen. Of Shipment		33 Domestic Freight Charges
Total Cubic Feet			Dimensional Weight		34 Insurance
Number /Pieces					35 Misc. Trans..
I hereby certify that the information given above is true and complete in every respect					36 Commission
27 Give firm name and address if different from exporter box above.					37 Container
28 Date					38 Assists
30 Status <input type="checkbox"/> Owner <input type="checkbox"/> Agent					39
Agent: Shipper:					Invoice Total
29 Signature					