

PROFORMA INVOICE

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NAME AND ADDRESS OF EXPORTER		U.S. CUSTOMS CLEARANCE BY: BAY BROKERAGE INC. FILER CODE BGK TEL: 315 482 6161 FAX: 888 753 1030 EMAIL: BAYFAX@BAYBROKERAGEUS.COM PAPS CHECK: WWW.BAYBROKERAGEUS.COM		CUSTOMER NO.	
				RELEASE NUMBER	
				INVOICE DATE	
SHIP TO:		LOCAL CARRIER		NOTIFY:	
		EXPORTING CARRIER			
		PORT OF ENTRY			
Customs Charges to:		Ship From: (Country/Province) Canada/		DESTINATION (Country / State) UNITED STATES /	
		TERMS OF SALE * DELIVERY * PAYMENT, ETC. FOB: __ PLANT __ DESTINATION OR _____ CUSTOMS CHGS TO: __ SHIPPER __ CONSIGNEE __X OTHER PARTIES TO THE TRANSACTION ARE: RELATED			
		COUNTRY OF ORIGIN : SEE BELOW			
NOTES Bales @ LBS Release Number:		DATE OF SALE :		CURRENCY OF SALE US DOLLARS	
<u>COUNTRY ORIG.</u> <u>*HS CODE</u> <u>DESCRIPTION</u> <u>GROSS WEIGHT</u> <u>NET WEIGHT</u> <u>QUANTITY</u> <u>UNIT PRICE</u> <u>TOTAL</u>					
TOTAL Freight Charges - \$ _____ PREPAID INCL _____ PREPAID & CHG _____ COLLECT _____				Containerized __ Yes __ No	
Mode of Transportation From Point of Exit __ ROAD __ RAIL __ WATER __ AIR __ OTHER _____				EXPORT PERMIT NO.	
I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE AND ON THE CONTINUATION SHEET(S) IF ANY, IS TRUE AND COMPLETE IN EVERY RESPECT. GIVE FIRM NAME AND ADDRESS IF DIFFERENT FROM EXPORTER BOX DATE Name of Preparer: SIGNATURE: _____ STATUS __ OWNER __X AGENT				IF GOODS NOT SOLD, STATE REASON FOR EXPORT: (LOAN, REPAIR, PROCESSING, ETC.)	
				PACKAGING \$ MISC TRANS \$	
				OCEAN / INT'L \$ COMMISSION \$	
				DOMESTIC FRT \$ CONTAINER \$	
				INSURANCE \$ ASSISTS \$	
				INVOICE TOTAL	