

PROFORMA INVOICE

| NAME AND ADDRESS OF EXPORTER Westrock Milton 8150 Parkhill Drive Milton, Ontario ONT L9T 5V7 | | U.S. CUSTOMS CLEARANCE BY: BAY BROKERAGE INC. | | PAGE 01 OF 01 CUSTOMER NO. 4334 REFERENCE NO. 361000286578 INVOICE DATE FEB 9- 2021 | | | | | | | | | | | | | | | | | |
|--|------------|---|--------------|---|----------|---------------|-------------|--------------|--------------|------------|----------|--------------|-------|-----------|------------|-------------|-----------|---------|----|---------------------|-------------|
| SOLD TO : WESTROCK ADAMS, 201 WEST GROVE ST, ADAMS, WISCONSIN, WI 53910 | | LOCAL CARRIER EXPORTING CARRIER NOLAN TRANSPORT PORT OF ENTRY QUEENSTON NY | | NOTIFY: | | | | | | | | | | | | | | | | | |
| SHIP TO : WESTROCK ADAMS, 201 WEST GROVE ST, ADAMS, WISCONSIN, WI 53910 | | ORIGIN (Country/Province) CANADA/ON | | DESTINATION (Country / State) UNITED STATES/WI | | | | | | | | | | | | | | | | | |
| NOTES TAX ID # 16-1154271 | | TERMS OF SALE * DELIVERY * PAYMENT, ETC. FOB: __ PLANT __ DESTINATION OR ____ CUSTOMS CHGS TO: __ X __ SHIPPER __ CONSIGNEE __ OTHER ____ PARTIES TO THE TRANSACTION ARE NOT RELATED COUNTRY OF ORIGIN : Canada DATE OF SALE FEB 9 2021 | | | | | | | | | | | | | | | | | | | |
| MARKS AND NUMBERS | | CURRENCY OF SALE CDN | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">COUNTRY ORIG.</th> <th style="width: 10%;">*HS CODE</th> <th style="width: 20%;">DESCRIPTION</th> <th style="width: 10%;">GROSS WEIGHT</th> <th style="width: 10%;">NET WEIGHT</th> <th style="width: 10%;">QUANTITY</th> <th style="width: 10%;">UNIT PRICE</th> <th style="width: 10%;">TOTAL</th> </tr> </thead> <tbody> <tr> <td>CAN</td> <td>4808.10.00</td> <td>Paper rolls</td> <td>19,394 kg</td> <td></td> <td>6</td> <td>N/A</td> <td>\$19,637.43</td> </tr> </tbody> </table> | | | | | | COUNTRY ORIG. | *HS CODE | DESCRIPTION | GROSS WEIGHT | NET WEIGHT | QUANTITY | UNIT PRICE | TOTAL | CAN | 4808.10.00 | Paper rolls | 19,394 kg | | 6 | N/A | \$19,637.43 |
| COUNTRY ORIG. | *HS CODE | DESCRIPTION | GROSS WEIGHT | NET WEIGHT | QUANTITY | UNIT PRICE | TOTAL | | | | | | | | | | | | | | |
| CAN | 4808.10.00 | Paper rolls | 19,394 kg | | 6 | N/A | \$19,637.43 | | | | | | | | | | | | | | |
| TO: CARRIER: PLEASE FAX PAPS AND PORT OF CROSSING ALONG WITH PROFORMA INVOICE TO BAY BROKERAGE INC, FAX NUMBER (716) 706 1313. VERIFY PAPS ACCEPTANCE AT WWW.BAYBROKERAGEUS.COM, OR CALL 315 482 6161. | | | | | | | | | | | | | | | | | | | | | |
| TOTAL Freight Charges - \$ _____ PREPAID INCL _____ PREPAID & CHG _____ COLLECT <input checked="" type="checkbox"/> _____ | | Containerized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | IF GOODS NOT SOLD, STATE REASON FOR EXPORT: (LOAN, REPAIR, PROCESSING, ETC.) INTERCOMPANY TRANSFER | | | | | | | | | | | | | | | | | |
| 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 FEBRUARY 9, 2021 Name of Preparer : Joseph MacDonald | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">PACKAGING</td> <td style="width: 10%;">\$</td> <td style="width: 30%;">MISC TRANS</td> <td style="width: 10%;">\$</td> </tr> <tr> <td>OCEAN / INTL</td> <td>\$</td> <td>COMMISSION</td> <td>\$</td> </tr> <tr> <td>DOMESTIC FRT</td> <td>\$</td> <td>CONTAINER</td> <td>\$</td> </tr> <tr> <td>INSURANCE</td> <td>\$</td> <td>ASSISTS</td> <td>\$</td> </tr> </table> | | PACKAGING | \$ | MISC TRANS | \$ | OCEAN / INTL | \$ | COMMISSION | \$ | DOMESTIC FRT | \$ | CONTAINER | \$ | INSURANCE | \$ | ASSISTS | \$ | \$ 19,637.43 | |
| PACKAGING | \$ | MISC TRANS | \$ | | | | | | | | | | | | | | | | | | |
| OCEAN / INTL | \$ | COMMISSION | \$ | | | | | | | | | | | | | | | | | | |
| DOMESTIC FRT | \$ | CONTAINER | \$ | | | | | | | | | | | | | | | | | | |
| INSURANCE | \$ | ASSISTS | \$ | | | | | | | | | | | | | | | | | | |
| SIGNATURE: | | STATUS OWNER <input type="checkbox"/> X AGENT <input checked="" type="checkbox"/> | | INVOICE TOTAL | | | | | | | | | | | | | | | | | |