

PROFORMA INVOICE						PAGE 01 OF 01			
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/IOR:				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					
				DATE OF SALE :		CURRENCY OF SALE US DOLLARS			
NOTES Bales @ LBS Release Number:									
<div style="display: flex; justify-content: space-between;"> <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> </div>									
TOTAL Freight Charges - \$ _____				Containerized __ Yes __ No		IF GOODS NOT SOLD, STATE REASON FOR EXPORT: (LOAN, REPAIR, PROCESSING, ETC.)			
PREPAID INCL ____ PREPAID & CHG ____ COLLECT ____									
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									
				PACKAGING		\$	MISC TRANS	\$	
				OCEAN / INT'L		\$	COMMISSION	\$	
				DOMESTIC FRT		\$	CONTAINER	\$	
				INSURANCE		\$	ASSISTS	\$	
DATE Name of Preparer:				STATUS __ OWNER __ X AGENT		INVOICE TOTAL			
								SIGNATURE: _____	