

PROFORMA INVOICE

NAME AND ADDRESS OF EXPORTER WestRock Company of Canada Corp. A-15400 Sherbrooke Est, Montreal, Quebec H1A 3S2		U.S CUSTOMS CLEARANCES BY: BAY BROKERAGE INC. FILER CODER BGK		CUSTOMER NO.	
SHIP FROM: Compagnie WestRock du Canada Corp 285, St-Louis, Warwick, QC, J0A 1M0		(315) 482-6161 (315) 482-6161 BAYFAX@BAYBROKERAGEUS.COM PAPS CHECK WWW.BAYBROKERAGEUS.COM		RELEASE NUMBER 271000143993	
SHIP TO: BENDER WAREHOUSE 660 BROOKE ROAD WINCHESTER, VA (22603) (540-722-4869)		LOCAL CARRIER SAVOIE EXPORTING CARRIER SAVOIE PORT OF ENTRY		INVOICE DATE 15/02/21	
BUYER RIVIANA FOODS INC. 2777 ALLEN PKWY HOUSTON, TX (77019) IRS : 76-0177572		Ship from (Country/Province) Destination (Country/Province)		NOTIFY Importer of record: Westrock company of Canada Corp 1000 Abernathy Rd. NE Atlanta, GA 30328 EIN: 98-0488513-WA	
Notes Skids : 16 Rolls : Shipping Weight : 23,504 Pds		TERM OF SALE * DELIVERY * PAYMENT, ETC. 1-10 N30 FOB <input type="checkbox"/> PLANT <input checked="" type="checkbox"/> DESTINATION OR <input type="checkbox"/> CUSTOMS CHGS TO: <u>X</u> OTHER <input type="checkbox"/> CONSIGNEE PARTIES TO THE TRANSACTION ARE : NOT RELATED COUNTRY OF ORIGIN : CANADA DATE OF SALE : 15/02/21 CURRENCY OF SALE U.S.			

COUNTRY ORIGINE	*HS CODE:	DESCRIPTION	NET WEIGHT	QUANTITY	UNIT PRICE	TOTAL
CANADA	4819200020	Empty folding carton boxes only	5 356	52,140	.08598	4 483.00
CANADA	4819200020	Empty folding carton boxes only	13 315	130,350	.08598	11 207.49
CANADA	4819200020	Empty folding carton boxes only	4 833	47,520	.08598	4 085.77

Champlain, NY
02/15/21
→ 15H05PM

SAVOIE INC.
SVIE 00059109 5

FILER CODE



TOTAL Freight Charges - \$ 75.00 PREPAID <u>X</u> PREPAID & CHG _____ COLLECT _____		Containerized ___ Yes ___ No	IF GOODS NOT SOLD, STATE REASON FOR EXPORT (LOAN, REPAIR, PROCESSING, ETC.)	
Mode of transportation from of exit <input checked="" type="checkbox"/> ROAD <input type="checkbox"/> RAIL <input type="checkbox"/> WATER <input type="checkbox"/> AIR <input type="checkbox"/> OTHER				
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 ADRESSE IF DIFFERENT FROM EXPORTER BOX DATE Name of preparer: CHARLES PARADIS		PACKAGING	\$	MISC TRANS
		OCEAN / INTL	\$	COMMISSION
		DOMESTIC FRT	\$	CONTAINER
		INSURANCE	\$	ASSISTS
SIGNATURE : <i>Charles Paradis</i> STATUS ___ OWNER <u>X</u> AGENT		INVOICE TOTAL		19 851.26