

# 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: <b>Bay Brokerage Inc.</b> 	
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: <b>Keystone Automotive Operations Inc.</b> ADDRESS: <b>44 Tunkhannock Ave</b> PHONE: <b>1-800-272-4247</b> Exeter, PA 18643				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. _____ _____ Agent: _____ Shipper: _____					37 Container
28 Date _____ 30 Status <input type="checkbox"/> Owner <input type="checkbox"/> Agent					38 Assists
29 Signature _____ Signature _____					39 Invoice Total