

IOR: Shawmut Equipment Company
20 Tolland Turnpike
Manchester CT 06040

U.S. CUSTOMS INVOICE

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1. SHIPPER NAME AND ADDRESS REF NO. Shawmut Equipment 318 Park Rd Elmsdale NS B2S 0G2 PHONE CONTACT			2. U.S. CUSTOMS HANDLED BY Accurate Customs Mona Pereira 905-364-1511			3. OTHER REF NOS.		
5. CONSIGNEE / SHIP TO PARTY NAME AND ADDRESS Manitowoc Crane Cafe ATTN: Warranty Shop 1565 Buchanan Trail East, Sandyville PA 17056 USA IRS/TAX ID# OR SOCIAL SECURITY # 846039162			6. BUYER - IF OTHER THAN CONSIGNEE / SHIP TO PARTY					
7. BILL CUSTOM CHARGES TO <input checked="" type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE OR			* MANDATORY FOR U.S. CLEARANCE					
10. U.S. DUTY AND BROKERAGE INCLUDED IN INVOICE VALUE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			8. ORIGIN (COUNTRY/PROVINCE) CANADA/NS			9. DESTINATION (COUNTRY/STATE) U.S.A./		
11. PARTIES TO THIS TRANSACTION ARE <input checked="" type="checkbox"/> NOT RELATED <input type="checkbox"/> RELATED			14. TERMS OF SALE, PAYMENT AND DISCOUNT					
12. LOCAL CARRIER			13. EXPORTING CARRIER			15. CURRENCY USED		
17. COUNTRY OF MANUFACTURE OR GROWTH USA			18. HS TARIFF			19. NO OF PACKAGES 1		
20. DESCRIPTION OF GOODS ONE SUFFICIENT DETAIL TO PERMIT CLASSIFICATION ACCORDING TO TARIFF SCHEDULE OF THE U.S. motor (no resale value) CRANE PARTS 8431.49.1090			21. IS FREIGHT INCLUDED IN INVOICE VALUE? IF YES YOU MUST COMPLETE BOX 26 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			22. UNIT QUANTITY (TONS, CMT, LBS, P.I.L., ETC.) 48x32x32		
23. UNIT PRICE \$50.00			24. TOTAL 50.00			25. TOTAL INVOICE VALUE \$50.00		
26. TO PORT OF EXIT \$			27. ACTUAL FREIGHT CHARGES TO DESTINATION \$			28. IF GOODS NOT SOLD STATE REASON FOR REPORT (LOAN, REPAIR, PROCESSING, ETC.)		
29. MODE OF TRANSPORTATION FROM POINT OF EXIT <input checked="" type="checkbox"/> ROAD <input type="checkbox"/> RAIL <input type="checkbox"/> AIR <input type="checkbox"/> OCEAN			30. CONTAINERIZED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			31. GIVE NAME AND ADDRESS IF DIFFERENT FROM SHIPPERS BOX ABOVE 1 piece 752 lbs		
32. HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE AND ON THE CONTINUATION SHEET(S) IF ANY IS TRUE AND COMPLETE IN EVERY RESPECT. DATE January 19th 2021 SIGNATURE Jacqui Farrell			33. IF YES YOU MUST COMPLETE BOX 26 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					