

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: Empire Forest Products Ltd.

ADDRESS: 3311 Aberdeen Avenue
Burlington, ON, L7M 3Y3

PHONE: 905-332-9570

3 CONSIGNEE (SHIP TO) (COMPLETE NAME AND ADDRESS)

NAME: Kolbe & Kolbe Millwork Co. Inc.

ADDRESS: 143 Thomas Street, Wausau, Wisconsin, U.S.A., 54401

PHONE: 1-715-842-5666

FEDERAL ID/SS # 39-1193314

U.S. CUSTOMS

CLEARANCE BY: Bay Brokerage Inc.

2 EXPORT REFERENCE NUMBER

5 Place of Lading (City / Province / Country)

Burlington, ON

6 Destination (City / State / Country)

Wausau Wisconsin, U.S.A.

8 Country of Origin

Canada

9 U.S. Port of Entry

Detroit, MI

11 Invoice Date

12 Date of Sale

14 Exchange Rate

15 Currency of Sale

U.S.D.

40

41

4 BUYER (SOLD TO) COMPLETE NAME AND

ADDRESS IF DIFFERENT FROM BLOCK 3)

(SOLD TO) PARTIES IN THIS TRANSACTION ARE:

☐ NOT RELATED

☐ RELATED

NAME:

ADDRESS:

PHONE:

17 Gross Weight and Cubage (Metric)

8m3

10 Pre-carriage by

Invoice No.

13 Exporting Carrier

Truck No.

16 Freight Rate

Route

7 Terms of Sale - Delivery - Payment

F.O.B: ☐ PLANT or ☐ DESTINATION or

Prices Shown in Column 21 Include:

☐ U.S. BROKERAGE

☐ U.S. DUTY / MPF

☐ FREIGHT

Other (Specify)

U.S. Duty and / or Brokerage Charge for:

☐ Shipper

☐ 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.

XQ1: White Oak Tariff # 4407910063

Weight = 8m3

19 Invoice
Unit Quantity

3 Bundles

20 Invoice
Unit Price

21 Invoice Total

\$ 17,164.54

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 \$

25 Mode of Transportation from point of exit

X Road ☐ Rail ☐ Water ☐ Air ☐ Other

26 Containerized

X Yes ☐ No

32
Ocean or
International
Freight

Total No. Pcs. / Pkgs. Dimen. Of Shipment Total Cubic Feet Dimensional Weight Number / Pieces

I hereby certify that the information given above is true and complete in every respect

27 Give firm name and address if different from exporter box above.

28 Date

30 Status

☐ Owner ☐ Agent

33 Domestic
Freight
Charges

34 Insurance

35 Misc. Trans.

36 Commission

37 Container

38 Assists

39

Invoice Total

Agent:

Shipper:

29 Signature

Signature