

ABC Customs Brokers Ltd. - ProForma Invoice

Please complete the following contact information. Submissions received through our FormLink system will be accepted as final documents and posted to our Brokerage Services. Questions should be directed to our support group at support@formlink.com for assistance. Items in **RED** are required fields for submission. Once completed simply Click the "Submit to ABC" button.

Company Name: _____

Postal/Zip Code: _____

Contact Name: _____

Phone Number: _____

Address: _____

Fax Number: _____

City: _____

E-Mail Address: _____

State/Province: _____

Comments/Special Instructions::

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ABC CUSTOMS BROKERS LTD.

PRO FORMA INVOICE

IMPORTER: (Name and Address)/ Nom et Adresse

SHIP TO: (Name and Address)/ Nom et Adresse

EXPORTER: (Name and Address)/ Nom et Adresse

SHIPPED DATE:
 CURRENCY:
 TERMS OF SALE:
 CTRY. OF ORIGIN:
 CARRIER:
 PO#:

NO. OR CTNS.	DESCRIPTION	WEIGHT (LBS/KG).	VALUE
TOTAL CTNS.		TOTAL (LBS/KG)	TOTAL VALUE

INFORMATION PER: