

CANADA CUSTOMS INVOICE
FACTURE DES DOUANES CANADIENNES



FOR CUSTOMS CLEARANCE: Phone 604-538-1566 Fax 604-538-3984

No of Pages: **Page 1 of 1**

1. Vendor (name and address) Name Company Address 1 Address 2 City Country Prov / State Post / Zip Code	2. Date of Direct shipment to Canada (yyyy-mm-dd) 3. Other references (include purchaser's order number) Purchaser's Order Number Bill of Lading Other References
4. Consignee (name and address) Name Company Address 1 Address 2 City Country Canada Prov / State Post / Zip Code	5. Purchaser name and address (if other than consignee) Name Company Address 1 Address 2 City Country Canada Prov / State Post / Zip Code
8. Transportation: Give mode and place of direct shipment to Canada AND / OR PARS Number Carrier Name Contact Info Port of Entry Date Time	6. Country of transshipment 7. Country of origin of goods IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12a 9. Conditions of sale and terms of payment (i.e. sale, consignment shipment, leased goods, etc.) 10. Currency of settlement

11. Number of packages	12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality)	12a. Country of Origin	12b. HS Tariff Classification (if known)	13. Quantity	Selling price	
					14. Unit price	15. Total

18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box <input type="checkbox"/> Commercial Invoice No.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">16. Total weight - Poids total</th> <th rowspan="2" style="width:10%;">17. Invoice Total</th> </tr> <tr> <td style="width:15%;">Weight Units</td> <td style="width:15%;">Net Weight</td> <td style="width:15%;">Gross Weight</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	16. Total weight - Poids total			17. Invoice Total	Weight Units	Net Weight	Gross Weight					
16. Total weight - Poids total			17. Invoice Total										
Weight Units	Net Weight	Gross Weight											

19. Exporter name and address (if other than vendor) Name Company Address 1 Address 2 City Country Prov / State Post / Zip Code	20. Originator (name and address) Name Company Address 1 Address 2 City Country Prov / State Post / Zip Code
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21. Agency ruling (if applicable)	22. If fields 23 to 25 are not applicable, check this box <input type="checkbox"/>
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23. If included in field 17 indicate amount: (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada (ii) Costs for construction, erection and assembly incurred after importation into Canada (iii) Export packing	24. If not included in field 17 indicate amount: (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada (ii) Amounts for commissions other than buying commissions (iii) Export packing	25. Check (if applicable): (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser: <input type="checkbox"/> (ii) The purchaser has supplied goods or services for use in the production of these goods <input type="checkbox"/>
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