

Canada Customs 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. Any questions should be directed to our support group at formlink@pcb.ca for assistance. Items in RED are required fields for submission. Once completed, simply click the "Submit to PCB" button.

Contact Name:	<input type="text"/>
Company:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
City:	<input type="text"/>
Country:	<input type="text"/>
Phone:	<input type="text"/>
Fax:	<input type="text"/>
Email:	<input type="text"/>
Website:	<input type="text"/>

Prov / State:	<input type="text"/>
Post / Zip Code:	<input type="text"/>

Comments / Special Instructions

Pacific Customs Brokers Ltd.
101 - 17637 1st Avenue
Surrey, BC V3S 9S1

Phone: 604.538.1566
Toll-Free: 888.538.1566
Fax: 604.538.3984
Web: www.pcb.ca

Formlink, Copyright 2005-2009
Sovereign Management Group Inc.
Document Revision: June 17, 2009

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 Prov / State Country Post / Zip Code		2. Date of Direct shipment to Canada (yyyy-mm-dd)					
4. Consignee (name and address) Name Company Address 1 Address 2 City Prov / State Country Post / Zip Code		3. Other references (include purchaser's order number) Purchaser's Order Number Bill of Lading Other References					
		5. Purchaser name and address (if other than consignee) Name Company Address 1 Address 2 City Prov / State Country 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		Commercial Invoice No.		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 Prov / State Country Post / Zip Code				20. Originator (name and address) Name Company Address 1 Address 2 City Prov / State Country Post / Zip Code			
21. Agency ruling (if applicable)		22. If fields 23 to 25 are not applicable, check this box		23. If included in field 17 indicate amount: (i) Transportation charges, expenses and insurance <u>from</u> 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 <u>to</u> the place of direct shipment to Canada (ii) Amounts for commissions other than buying commissions (iii) Export packing	
(i) Royalty payments or subsequent proceeds are paid or payable by the purchaser: (ii) The purchaser has supplied goods or services for use in the production of these goods							

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

No of Pages: **Page 2 of 2**

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
		Total				