

U.S. CUSTOMS INVOICE BY MANIFESTED QUANTITY

SHIPPER											
1. SHIPPER - NAME CONTACT PHONE ADDRESS			2. EXPORTER - IF OTHER THAN SHIPPER NAME CONTACT PHONE ADDRESS				3. OTHER REF. NOS.				
4. CONSIGNEE / SHIP TO PARTY NAME PHONE ADDRESS IRS NUMBER / EIN NUMBER / SOCIAL SECURITY NUMBER - *mandatory for U.S. clearance					5. BUYER - IF OTHER THAN CONSIGNEE / SHIP TO PARTY PHONE ADDRESS IRS NUMBER / EIN NUMBER / SOCIAL SECURITY NUMBER - *mandatory for U.S. clearance						
4b. DUNS Number & Email Address **required for Food Imports Into the USA**					7. A) U.S. DUTY INCLUDED IN INVOICE VALUE <input type="checkbox"/> YES <input type="checkbox"/> NO 7. B) BROKERAGE INCLUDED IN INVOICE VALUE <input type="checkbox"/> YES <input type="checkbox"/> NO 7. C) AD/CVD DUTY INCLUDED IN INVOICE VALUE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES ENTER AMOUNT HERE _____						
6. BILL CUSTOMS CHARGES TO <input type="checkbox"/> SHIPPER <input type="checkbox"/> EXPORTER <input type="checkbox"/> BUYER <input type="checkbox"/> CONSIGNEE					10. PARTIES TO THIS TRANSACTION ARE <input type="checkbox"/> NOT RELATED <input type="checkbox"/> RELATED						
8. ORIGIN (COUNTRY/PROVINCE)			9. DESTINATION (COUNTRY/STATE)		11. LOCAL CARRIER						
12. EXPORTING CARRIER					IF THE GOODS ARE OF U.S. ORIGIN, THEY MUST BE PRODUCED OR MANUFACTURED IN THE U.S. AND NOT MERELY SHIPPED/PURCHASED FROM THE U.S.						
13. TERMS OF SALE, PAYMENT AND DISCOUNT											
14. CURRENCY USED					15. IS FREIGHT INCLUDED IN INVOICE VALUE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES YOU MUST COMPLETE BOX 28						
16. COUNTRY OF MANUFACTURE OR GROWTH	17. HS TARIFF	18. NO OF PACKAGES	19. DESCRIPTION OF GOODS GIVE SUFFICIENT DETAIL TO PERMIT CLASSIFICATION ACCORDING TO TARIFF SCHEDULE OF THE U.S.			20. WEIGHT		21. UNIT QUANTITY		22. UNIT PRICE	23. TOTAL
			Gross	Net	Units	UOM					
24. TOTAL PACKAGES			25. U.S. CUSTOMS PORT OF ENTRY				26. TOTAL INVOICE VALUE				
27. TO PORT OF EXIT \$			28. ACTUAL FREIGHT CHARGES TO DESTINATION \$			29. IF GOODS NOT SOLD STATE REASON FOR REPORT (LOAN, REPAIR, PROCESSING, ETC.)					
30. MODE OF TRANSPORTATION FROM POINT OF EXIT <input type="checkbox"/> ROAD <input type="checkbox"/> RAIL <input type="checkbox"/> AIR <input type="checkbox"/> OCEAN						31. CONTAINERIZED <input type="checkbox"/> YES <input type="checkbox"/> NO					
32. GIVE NAME AND ADDRESS IF DIFFERENT FROM SHIPPERS BOX ABOVE					33. I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE AND ON THE CONTINUATION SHEET(S), IF ANY, IS TRUE AND COMPLETE IN EVERY RESPECT. DATE: SIGNATURE: <div style="text-align: right;">STATUS <input type="checkbox"/> SHIPPER <input type="checkbox"/> AGENT</div>						

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INVOICE CONTINUED

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