

U.S. CUSTOMS INVOICE BY WEIGHT

SHIPPER							
1. SHIPPER - NAME CONTACT PHONE ADDRESS		2. U.S. CUSTOMS HANDLED BY Pacific Customs Brokers Inc. 1400 A Street Blaine, WA 98230		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 ***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"/> CONSIGNEE OR		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 27			
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. UNIT QUANTITY (TONS, CWT, LBS, F.B.M, ETC)	21. UNIT PRICE	22. TOTAL
23. TOTAL PACKAGES			24. U.S. CUSTOMS PORT OF ENTRY		25. TOTAL INVOICE VALUE		SHIPPING WEIGHT GROSS _____ NET _____ <input type="checkbox"/> Lbs <input type="checkbox"/> Kgs
26. TO PORT OF EXIT \$		27. ACTUAL FREIGHT CHARGES TO DESTINATION \$		28. IF GOODS NOT SOLD STATE REASON FOR REPORT (LOAN, REPAIR, PROCESSING, ETC.)			
29. MODE OF TRANSPORTATION FROM POINT OF EXIT <input type="checkbox"/> ROAD <input type="checkbox"/> RAIL <input type="checkbox"/> AIR <input type="checkbox"/> OCEAN				30. CONTAINERIZED <input type="checkbox"/> YES <input type="checkbox"/> NO			
31. GIVE NAME AND ADDRESS IF DIFFERENT FROM SHIPPERS BOX ABOVE				32. 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: STATUS <input type="checkbox"/> SHIPPER <input type="checkbox"/> AGENT			

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INVOICE CONTINUED						
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