

## 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](mailto:formlink@pcb.ca) for assistance. Items in RED are required fields for submission. Once completed, simply click the "Submit to PCB" button.

<b>Contact Name:</b>	<input type="text"/>	
<b>Company:</b>	<input type="text"/>	
<b>Address 1:</b>	<input type="text"/>	
<b>Address 2:</b>	<input type="text"/>	
<b>City:</b>	<input type="text"/>	<b>Prov / State:</b> <input type="text"/>
<b>Country:</b>	<input type="text"/>	<b>Post / Zip Code:</b> <input type="text"/>
<b>Phone:</b>	<input type="text"/>	
<b>Fax:</b>	<input type="text"/>	
<b>Email:</b>	<input type="text"/>	
<b>Website:</b>	<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](http://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**

<b>1. Vendor (name and address)</b> Name <b>Bill Smith</b> Company <b>XYZ Distributing Company</b> Address 1 <b>123 Any Street</b> Address 2 City <b>Any Town</b> Prov / State <b>Any State</b> Country <b>United States</b> Post / Zip Code <b>12345</b>	<b>2. Date of Direct shipment to Canada</b> (yyyy-mm-dd) <b>2013-04-07</b> <b>3. Other references (include purchaser's order number)</b> Purchaser's Order Number <b>99-999999</b> Bill of Lading Other References <b>Exhibition Goods</b>
<b>4. Consignee (name and address)</b> Name <b>Bill Smith</b> Company <b>XYZ Distributing Company / Booth # 123</b> Address 1 <b>c/o Event facility</b> Address 2 <b>999 Anywhere Street</b> City <b>Vancouver</b> Prov / State <b>BC</b> Country <b>Canada</b> Post / Zip Code <b>R2Y 0K3</b>	<b>5. Purchaser name and address (if other than consignee)</b> Name <b>N/A</b> Company Address 1 Address 2 City Prov / State Country <b>Canada</b> Post / Zip Code
<b>8. Transportation: Give mode and place of direct shipment to Canada AND / OR PARS Number</b> Carrier Name <b>ABC Trucking Co.</b> Contact Info <b>604-123-4567</b> Port of Entry <b>Pacific Highway</b> Date <b>04/07/2013</b> Time <b>12:00 PM</b>	<b>6. Country of transhipment</b> <b>7. Country of origin of goods</b> Various IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12a <b>9. Conditions of sale and terms of payment (i.e. sale, consignment shipment, leased goods, etc.)</b> No sale involved / Exhibition materials returning after event <b>10. Currency of settlement</b> <b>USD</b>

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	14. Selling price	
					14. Unit price	15. Total
1	Wooden crates - Display booth containing backwalls, lights, graphics	United State		1	5000	5000
1	Roll - Carpets and underlay	United State		1	500	500
1	Carton - Advertising brochures / catalogs	United State		50	.10	5
1	Carton - Plastic key chains	United State		50	.50	25
3	Fiber cases - Computers	United State		3	1000	3000
3	Fiber cases - Computer monitores	United State		3	500	1500

18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box <input type="checkbox"/> Commercial Invoice No. <b>N/A</b>	16. Total weight - Poids total Weight Units Net Weight Gross Weight N/A 500 LBS
17. Invoice Total	

<b>19. Exporter name and address (if other than vendor)</b> Name Company Address 1 Address 2 City Prov / State Country Post / Zip Code	<b>20. Originator (name and address)</b> Name Company <b>SAME AS VENDOR</b> Address 1 Address 2 City Prov / State Country Post / Zip Code
--	---

21. Agency ruling (if applicable) **N/A**      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 from the place of direct shipment to Canada <b>N/A</b> (ii) Costs for construction, erection and assembly incurred after importation into Canada <b>N/A</b> (iii) Export packing <b>N/A</b>	24. If not included in field 17 indicate amount: (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada <b>N/A</b> (ii) Amounts for commissions other than buying commissions <b>N/A</b> (iii) Export packing <b>N/A</b>	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"/>
--	---	--