CANADA CUSTOMS INVOICE FACTURE DES DOUANES CANADIENNES



							No of Pages:		
FOR CUSTOMS CLEARANCE: Phone 604-538-1566 Fax 604-538-3984					<u></u>			Page 1 of 1	
Vendor (name and address)				2. Date of Direct shipment to Canada					
Name				(yyyy-mm-dd)					
Company									
Address 1				Other references (include purchaser's order number)					
	Address 2			Purchaser's Order Number Bill of Lading Other References					
City Prov / State									
Country Post / Zip Code									
4. Consignee (name and address)				5. Purchaser	name and address (if	other than consignee)			
Name				Name	9				
Company	Company				у				
Address 1				Address	1				
Address 2				Address	2				
City	·			Cit	у		Prov / State		
Country	y Canada Post / Zip Code			Countr	y Canada Post / Zip Code				
8. Transportation: Give mode and place of direct shipment to Canada AND / OR PARS Number			6. Country o	Country of transhipment					
<u>Carrier Name</u>									
Contact Info				7. Country of origin of goods IF SHIPMENT INCLUDES GOODS OF					
Port of Entry	of Entry			DIFFERENT ORIGINS AGAINST ITEMS IN 12			RIGINS ENTER ORIGINS		
Date	Date Time			Conditions of sale and terms of payment (I.e. sale, consignent shipment, leased goods, etc.)					
, Jako	Date Tillie				3. Soliditions of sale and terms of payment (i.e. sale, consignient simplient, leased goods, etc.)				
				10. Currency	of settlement				
			1		T		1		
					12b. HS Tariff			Selling price	
11. Number	12. Specification of commodities (kind of packages, marks a	nd numbers, general	12a. Co	untry of Origin	Classification (if known)	13. Quantity	14. Unit price	15. Total	
of packages	description and characteristics, i.e., grade, quality)				RHOWH)		·		
18. If any of fields 1 to 17 are included					16. 1	Total weight - Poids to	otal	17. Invoice Total	
on an attached commercial invoice, Commercial Invoice No.					Weight Units	Net Weight	Gross Weight		
check this box									
19. Exporter name and address (if other than vendor)				20. Originato	r (name and address)				
Name			Name	е					
Company				Compan	у				
Address 1				Address	1				
Address 2			Address	2					
City Prov / State			Cit	v	Prov / State				
Country Post / Zip Code			Countr		Post / Zip Code				
21. Agency ruling (if applicable)					to 25 are not applicat	ole, check this box	- 		
23. If included in field 17 indicate amount: 24. If not included in field 17 indicate amount:				25. Check (if applicable):					
			· · · · /						
(i) Transportation charges, expenses and insurance <u>from</u> the place of direct shipment to Canada (i) Transportation charges, expenses and insurance <u>from</u> the place of direct shipment to Canada				the purchaser:			s or subsequent pr	occeds are paid or payable by	
	(ii) Costs for construction, erection and assembly incurred after importation into (iii) Amounts for commissions other				ommissions			or services for use in the	
Canada			production of these			goods			
							Ш		
(iii) Export packing (iii) Export packing									

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FOR CUSTOMS CLEARANCE: Phone 604-538-1566 Fax 604-538-3984 No of Pages: Page 2 of 2 Selling price 12b. HS Tariff Classification (if 11. Number 12. Specification of commodities (kind of packages, marks and numbers, general 12a. Country of Origin 13. Quantity 14. Unit price 15. Total known) of packages description and characteristics, i.e., grade, quality)

Revised June 17, 2009