

**CANADA CUSTOMS INVOICE**  
FACTURE DES DOUANES CANADIENNES



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

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<b>1. Vendor (name and address)</b> Name _____ Company _____ Address 1 _____ Address 2 _____ City _____ Prov / State _____ Country _____ Post / Zip Code _____	<b>2. Date of Direct shipment to Canada</b> (yyyy-mm-dd) _____
<b>4. Consignee (name and address)</b> Name _____ Company _____ Address 1 _____ Address 2 _____ City _____ Prov / State _____ Country <b>Canada</b> Post / Zip Code _____	<b>3. Other references (include purchaser's order number)</b> Purchaser's Order Number _____ Bill of Lading _____ Other References _____
<b>8. Transportation: Give mode and place of direct shipment to Canada AND / OR PARS Number</b> Carrier Name _____ Contact Info _____ Port of Entry _____ Date _____ Time _____	<b>5. Purchaser name and address (if other than consignee)</b> Name _____ Company _____ Address 1 _____ Address 2 _____ City _____ Prov / State _____ Country <b>Canada</b> Post / Zip Code _____
<b>11. Number of packages</b>	<b>6. Country of transshipment</b>
<b>12. Specification of commodities</b> (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality)	<b>7. Country of origin of goods</b>
<b>12a. Country of Origin</b>	<b>9. Conditions of sale and terms of payment</b> (i.e. sale, consignment shipment, leased goods, etc.)
<b>12b. HS Tariff Classification</b> (if known)	<b>10. Currency of settlement</b>
<b>13. Quantity</b>	<b>IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12a</b>
<b>14. Unit price</b>	<b>15. Total</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	Selling price	
					14. Unit price	15. Total

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

<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 _____ Address 1 _____ Address 2 _____ City _____ Prov / State _____ Country _____ Post / Zip Code _____
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<b>21. Agency ruling (if applicable)</b> <b>23. If included in field 17 indicate amount:</b> (i) Transportation charges, expenses and insurance <b>from</b> the place of direct shipment to Canada _____ (ii) Costs for construction, erection and assembly incurred after importation into Canada _____ (iii) Export packing _____	<b>22. If fields 23 to 25 are not applicable, check this box</b> <input type="checkbox"/>  <b>24. If not included in field 17 indicate amount:</b> (i) Transportation charges, expenses and insurance <b>to</b> the place of direct shipment to Canada _____ (ii) Amounts for commissions other than buying commissions _____ (iii) Export packing _____	<b>25. Check (if applicable):</b> (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"/>
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