

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

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1. Vendor (name and address) Name _____ Company _____ Address 1 _____ Address 2 _____ City _____ Prov / State _____ Country _____ Post / Zip Code _____	2. Date of Direct shipment to Canada (yyyy-mm-dd) _____ 3. Other references (include purchaser's order number) Purchaser's Order Number _____ Bill of Lading _____ Other References _____
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4. Consignee (name and address) Name _____ Company _____ Address 1 _____ Address 2 _____ City _____ Prov / State _____ Country _____ Post / Zip Code _____	5. Purchaser name and address (if other than consignee) Name _____ Company _____ Address 1 _____ Address 2 _____ City _____ Prov / State _____ Country _____ Post / Zip Code _____
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8. Transportation: Give mode and place of direct shipment to Canada AND / OR PARS Number Carrier Name _____ Contact Info _____ Port of Entry _____ Date _____ Time _____	6. Country of transshipment _____ 7. Country of origin of goods _____ IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12a 9. Conditions of sale and terms of payment (i.e. sale, consignment shipment, leased goods, etc.) _____ 10. Currency of settlement _____
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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

18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box <input type="checkbox"/> Commercial Invoice No.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">16. Total weight - Poids total</th> <th rowspan="2" style="width:10%;">17. Invoice Total</th> </tr> <tr> <td style="width:15%;">Weight Units</td> <td style="width:15%;">Net Weight</td> <td style="width:15%;">Gross Weight</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	16. Total weight - Poids total			17. Invoice Total	Weight Units	Net Weight	Gross Weight					
16. Total weight - Poids total			17. Invoice Total										
Weight Units	Net Weight	Gross Weight											

19. Exporter name and address (if other than vendor) Name _____ Company _____ Address 1 _____ Address 2 _____ City _____ Prov / State _____ Country _____ Post / Zip Code _____	20. Originator (name and address) Name _____ Company _____ Address 1 _____ Address 2 _____ City _____ Prov / State _____ Country _____ Post / Zip Code _____
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21. Agency ruling (if applicable)	22. If fields 23 to 25 are not applicable, check this box <input type="checkbox"/>
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23. If included in field 17 indicate amount: (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada _____ (ii) Costs for construction, erection and assembly incurred after importation into Canada _____ (iii) Export packing _____	24. If not included in field 17 indicate amount: (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada _____ (ii) Amounts for commissions other than buying commissions _____ (iii) Export packing _____	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"/>
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