

PROFORMA INVOICE

| Shipper/Seller Ref: | | U. S. Customs Clearance By U.S. Headquarters: Russell A. Farrow (U.S.) Inc. 45657 Port Street Plymouth, MI 48170 Phone: (734) 955-7799 Fax: (734) 955-6466 Website: www.farrow.com Email: uscustomsdocs@farrow.com | | | | |
|--|--|--|---------------------|--------------|-----------------------|--------|
| Purchaser Ref: | | Consignee (if different from Purchaser) | | | | |
| U.S. IRS or Social Security # | | U.S. IRS or Social Security # | | | | |
| Country of Origin Canada U.S. Manufactured Goods <small>(note declaration below)</small> Other (If "Various" include in Description of Goods) | | Terms of Sale: Delivered/Duty Paid FOB Plant FOB Destination Other | | | Discounts (identify): | |
| Carrier | U.S. Port of Entry | | | | | |
| Bill Customs Charges To: Shipper Purchaser | | Currency of Sale: Canadian Funds US Funds Other | | | | |
| Freight to Border \$ Border to Destination \$ Prepaid & Included Prepaid & Charged Collect | | Parties to This Transaction Are: Related Not Related | | | | |
| USMCA Claimed: Blanket Cert. on File USMCA Not Claimed USMCA Claimed: Certificate Attached | | Prices Include: Duty Brokerage Freight Prices Do Not Include Identify Other Charges: | | | | |
| Responsible Individual: Phone: Fax: Date: | | Prices paid or agreed to be paid as per purchase order of | | | | |
| No./Type of Pkgs. | Description of Goods in Sufficient Detail to Validate Commodity Coding | Country of Origin | H.S. Classification | No. of Units | Unit Price | Amount |
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| | Net Wt. Kgs | Gross Wt. Kgs | | | | |
| Total PCS./PKGS. | | | | | Invoice Amount | |
| Other Information: | | | | | | |
| DECLARATION: By Foreign Shipper (complete if goods are of U.S. origin and their value exceeds \$2500.00) I, _____ declare to the best of my knowledge and belief that the articles herein specified were exported from the United States from the port of _____ on or about _____; that they were returned without having been advanced in value or improved in condition by any process of manufacture or other means. Signature: _____ Date: _____ | | | | | | |

