

Exporter: Tax ID:	Customs Clearance by: Tax ID Number:	Exporter Reference Number: Number of invoice pages: Page ___ of ___
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Consignee: Tax ID: First and Last Name: Email: _____ Phone: _____ Title: _____ Carrier: _____ US Port of Entry: _____ Destination (country/state): _____	Buyer, if other than consignee: Tax ID Number: _____
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Terms of Sale – Delivery – Payment: Parties to this transaction are: <input type="checkbox"/> Related <input type="checkbox"/> Not Related Invoice value includes: <input type="checkbox"/> Brokerage fee <input type="checkbox"/> Freight <input type="checkbox"/> Duty & Tax Total freight: <input type="checkbox"/> Bill Customs charges to: <input type="checkbox"/> Exporter <input type="checkbox"/> Consignee <input type="checkbox"/> Buyer	
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	Marks and Numbers:	Numbers and Kind of Packages:	Currency of Sale:
			Gross Weight: <input type="checkbox"/> LB <input type="checkbox"/> KG

Country of Origin (MFGR)	Invoice Item Description	HTS Number	Unit Net Weight	Total Net Weight	Quantity	Unit Price	Total

If goods are not sold, state reason for export (loan, repair, processing, etc.)	Ttl Net	Ttl Qty	Ttl All Items
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Mode of Transportation from point of exit: <input type="checkbox"/> Road <input type="checkbox"/> Rail <input type="checkbox"/> Ocean <input type="checkbox"/> Air <input type="checkbox"/> Other	Export Permit Number	Packaging
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I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE AND ON THE CONTINUATION SHEET(S), IF ANY, IS TRUE AND COMPLETE IN EVERY RESPECT. Name & Address, if different from Exporter box above: Shipper Signature: _____ Date: _____ Status: <input type="checkbox"/> Owner <input type="checkbox"/> Agent	Ocean / Int'l Freight / Transportation Domestic Freight Chg Insurance Misc. Transp. Commission Container Assists TOTAL INVOICE
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Marks & Numbers:

Number & Kind of Packages:

Country of Origin (MFGR)	Invoice Item Description	HTS Number	Unit Net Weight	Total Net Weight	Quantity	Unit Price	Total
							Page 2 TTL: