

INVOICE ITEM DESCRIPTION MUST GIVE SUFFICIENT DETAIL TO PERMIT CODING ACCORDING TO STATISTICS CANADA EXPORT COMMODITY CLASSIFICATION. INVOICE QUANTITY MUST BE GIVEN IN UNITS REQUIRED FOR CLASSIFICATION. SEE CUSTOMS MEMORANDUM D80-1-1 AND STATISTICS CANADA EXPORT COMMODITY CLASSIFICATION.

SHIPPER		ADDRESS OF SHIPPER		SHIPPER REF. NO.	
CONSIGNEE AND MAILING ADDRESS		PAGE OF PAGES.			
<p align="center">U.S. CUSTOMS BROKER</p> <p align="center">Jack R. Huls & Co.</p> <p align="center">61 - 12TH STREET, P.O. BOX 1599, BLAINE, WASHINGTON 98230</p> <p align="center">PHONE (360) 332-4474 (U.S.A.) (604) 538-1469 (CANADA)</p> <p align="center">FAX: (360) 332-5752</p>		ORIGIN (COUNTRY/PROVINCE)		DESTINATION (COUNTRYSIDE)	
		TERMS OF SALE - DELIVERY - PAYMENT			
PRE-CARRIAGE BY		INVOICE DATE		DATE OF SALE	
EXPORTING CARRIER		EXCHANGE RATE		CURRENCY OF SALE	
PORT OF ENTRY		GROSS WEIGHT AND CUBAGE			
MARKS AND NUMBERS		NUMBER AND KIND OF PACKAGES, DESCRIPTION OF SHIPMENT			
NOT RELATED <input type="checkbox"/> RELATED <input type="checkbox"/> INVOICE ITEM DESCRIPTION		INVOICE UNIT QUANTITY		INVOICE UNIT PRICE	
				INVOICE TOTAL	
U.S. BROKERAGE CHARGES TO: SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> OTHER <input type="checkbox"/>					
IF GOODS ARE NOT SOLD, STATE REASON FOR EXPORT		EXPORT PERMIT NO.		PACKAGING	
ESTIMATED FREIGHT CHARGES.				OCEAN OR INTERNATIONAL FREIGHT	
TO POINT OF EXIT \$ OR TO DESTINATION \$					
MODE OF TRANSPORT FROM POINT OF EXIT		CONTAINERIZED		DOMESTIC FREIGHT CHARGES	
<input type="checkbox"/> ROAD <input type="checkbox"/> RAIL <input type="checkbox"/> WATER <input type="checkbox"/> AIR <input type="checkbox"/> OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO			
I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE AND ON THE CONTINUATION SHEET(S), IF ANY, IS TRUE AND COMPLETE IN EVERY RESPECT.				INSURANCE	
GIVE FIRM NAME AND ADDRESS IF DIFFERENT FROM EXPORTER BOX ABOVE				MISC. TRANSP.	
				COMMISSION	
				CONTAINER	
				ASSISTS	
DATE _____		STATUS		INVOICE TOTAL	
		<input type="checkbox"/> OWNER <input type="checkbox"/> AGENT			
SIGNATURE _____					

If foreign goods in same condition as imported, give Country of Origin.

YOU MUST EITHER SHOW F.O.B. PLACE OF LADING VALUE OR LIST THE CHARGES INCLUDED IN THIS VALUE SUCH AS FREIGHT DUTY COMMISSIONS ETC.