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|---|---|--|--|---|---|----------------------|---|--|-------------|---------|
| F R O M | 1. Exporter | | CUSTOMS CLEARANCE INVOICE BY CUSTOM SERVICES INTERNATIONAL AMBASSADOR BRIDGE/ DETROIT | | 3. Exp. Ref. No | | | | | |
| | ADDRESS | | | | 4. Page of Pages | | | | | |
| F O R | 5. Consignee | | REF NO. | | 6. Other Address (e.g. buyer/bank) | | | | | |
| | ADDRESS | | | | | | | | | |
| | IRS# | | | | | | | | | |
| NOTE | NOTIFY | |  CUSTOM SERVICES INTERNATIONAL | | FREIGHT AMOUNT, IF ANY INCLUDED IN PRICES BELOW:\$ | | | | | |
| Indicate Country of manu- facture or Growth for each item below | 9. Pre-carriage by | | DETROIT phone number | | 7. Origin (country/province) | | 8. Destination (country/state) | | | |
| | 10. Exporting Carrier | | (313) 964-0104 | | U.S.DUTY AND/OR BROKERAGE FOR | | PRICE(S) INCLUDE: | | | |
| | 11. Port of Entry | | CANADIAN phone number | | <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE | | <input type="checkbox"/> DUTY <input type="checkbox"/> CLEARANCE <input type="checkbox"/> FREIGHT | | | |
| | | | (519) 250-0555 | | OR FOR THE ACCOUNT OF: | | | | | |
| | | | Please direct mail and remittance to: | | 13. Invoice Date | | 14. Date of Sale | | | |
| | | | | 15. Exchange Rate | | 16. Currency of Sale | | | | |
| DECLARATION BY FOREIGN SHIPPER (COMPLETE IF GOODS DESCRIBED BELOW ARE OF U.S. ORIGIN AND VALUE EXCEEDS \$1000.00) I, _____, DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ARTICLES HEREIN SPECIFIED ARE PRODUCTS OF THE UNITED STATES; THAT THEY WERE EXPORTED FROM THE UNITED STATES, FROM THE PORT OF _____ ON OR ABOUT _____, 20____. THAT THEY ARE RETURNED WITHOUT HAVING BEEN ADVANCED IN VALUE OR IMPROVED IN CONDITION BY ANY PROCESS OF MANUFACTURE OR OTHER MEANS. SIGNATURE _____ CAPACITY _____ | | | | | | | | | | |
| COUNTRY OF ORIGIN | MARKS AND NUMBERS | | NUMBER AND KIND OF PACKAGE | | | SHIPPING WEIGHT | | | | |
| | DESCRIPTION OF GOODS | | | QUANTITY | | | UNIT PRICE | | TOTAL PRICE | |
| | IF GOODS ARE NOT SOLD, STATE REASON FOR EXPORT <input type="checkbox"/> SOLD <input type="checkbox"/> NOT SOLD | | | EXPORT PERMIT NO. | | | PACKAGING | | | |
| | ESTIMATE FREIGHT CHARGES TO POINT OF EXIT \$ _____ OR TO DESTINATION \$ _____ | | | | | | OCEAN OR INTERNATIONAL FREIGHT | | | |
| | MODE OF TRANSPORTATION FROM POINT OF EXIT <input type="checkbox"/> ROAD <input type="checkbox"/> RAIL <input type="checkbox"/> WATER <input type="checkbox"/> AIR <input type="checkbox"/> OTHER | | | <input type="checkbox"/> <input type="checkbox"/> | | | DOMESTIC FREIGHT CHARGES | | | |
| | NAME OF RESPONSIBLE EMPLOYEE OR EXPORTER _____ | | | TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE PREPARER THIS INVOICE IS TRUE AND COMPLETE AND DISCLOSES THE TRUE PRICES, VALUES, QUANTITIES, REBATES, DRAWBACKS, FEES, COMMISSIONS, ROYALTIES AND ANY GOOD OR SERVICES PROVIDED TO THE SELLER EITHER FREE OR AT A REDUCED COST. | | | INSURANCE | | | |
| | GIVE FIRM NAME AND ADDRESS IF DIFFERENT FROM EXPORTER BOX ABOVE. _____ _____ | | | | | | MISC. TRANSP. | | | |
| | | | | | | | COMMISION | | | |
| | | | | | | | CONTAINER | | | |
| | DATE _____ | | | | | | STATUS <input type="checkbox"/> OWNER <input type="checkbox"/> AGENT | | | ASSISTS |
| | | | | | | INVOICE TOTAL | | | | |