

PRO FORMA INVOICE

Shipper Reference #

EXPORTER/SHIPPER	TAX#
CONSIGNEE	TAX#
BUYER (if other than Consignee)	TAX#

FOR CUSTOMS CLEARANCE BY

GREAT LAKES CUSTOMS BROKERAGE INC.

4500 WITMER INDUSTRIAL ESTATES
NIAGARA FALLS, NY 14305-1386

Phone: 1-716-215-9000

CARRIER	DUTY/FEEES FOR THE ACCOUNT OF	TERMS OF SALE / DELIVERY / PAYMENT	
STATE OF DESTINATION		PARTIES TO THIS TRANSACTION ARE <input type="checkbox"/> RELATED <input type="checkbox"/> NOT RELATED	
PORT OF ENTRY		SHIPPING WEIGHT KGS	MODE OF TRANSPORTATION TRUCK, NONCONTAINER
IF GOODS NOT SOLD, STATE REASON FOR EXPORT			

FDA Prior Notice Information		
FDA Shipper Registration #	FDA Manufacturer/Processor Registration #	Anticipated Date / Time of Arrival

DECLARATION BY FOREIGN SHIPPER (US GOODS ONLY)	I, _____, DECLARE THAT THE ARTICLES HEREIN SPECIFIED ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE GROWTH, PRODUCE OR MANUFACTURE OF THE UNITED STATES; THAT THEY WERE EXPORTED FROM THE UNITED STATES FROM THE PORT OF _____ ON OR ABOUT _____; THAT THEY ARE RETURNED WITHOUT HAVING BEEN ADVANCED IN VALUE OR IMPROVED IN CONDITION BY ANY PROCESS OR OTHER MEANS.	
	SIGNATURE	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

LINE	C/O DESCRIPTION	HS TARIFF#	HS TARIFF	QTY/UOM(S)	FDA PRODUCT CODE(S)	NUMBER & KIND OF PACKAGES	QUANTITY	UNIT PRICE / UOM	VALUE

Notes / Special Instructions

FOR FURTHER INFORMATION CONTACT	EST. FREIGHT CHARGES TO DESTINATION	ABOVE PRICES INCLUDE <input type="checkbox"/> DUTY <input type="checkbox"/> BROKERAGE <input type="checkbox"/> FREIGHT
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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. Give firm name and address if different from exporter box above. _____ _____ SIGNATURE _____ DATE _____	INVOICE DATE
	CURRENCY OF VALUE
	Invoice Total