

INVOICE

FOR U.S. CUSTOMS CLEARANCE BY

ALL INFORMATION CONTAINED ON THIS DOCUMENT, IS AS PROVIDED BY SHIPPER, CONSIGNEE OR AGENT. ARIZONA CUSTOMS BROKERS, WILL NOT BE HELD RESPONSIBLE FOR ERRORS OR OMISSIONS RESULTING FROM WRONG/INACCURATE INFORMATION. FULL TERMS AND CONDITIONS UNDER WHICH ARIZONA CUSTOMS BROKERS OPERATES ARE AVAILABLE UPON REQUEST

1. EXPORTER, SHIPPER, SELLER AND MAILING ADDRESS 2. CONSIGNEE AND MAILING ADDRESS 3. IRS NO. 3. BUYER (IF OTHER THAN CONSIGNEE) 5. IRS NO. 6. CONSIGNEE'S OR BUYER'S REF. NO. 7. TERMS OF SALE-DELIVERY-PAYMENT: <input type="checkbox"/> FOB PLANT <input type="checkbox"/> C&F/CIF DESTINATION <input type="checkbox"/> OTHER (IDENTIFY) _____	8. SHIPPER'S REF. NO. 9. PAGE OF OF 10. U.S. DUTY AND/OR BROKERAGE FOR: <input type="checkbox"/> SHIPPER (INCLUDED) <input type="checkbox"/> SHIPPER (NOT INCLUDED) <input type="checkbox"/> BUYER <input type="checkbox"/> CONSIGNEE 11. PARTIES TO THIS TRANSACTION ARE: <input type="checkbox"/> RELATED <input type="checkbox"/> NOT RELATED 12. EXCHANGE RATE 13. EXPORTING CARRIER 14. CURRENCY OF VALUE 15. ESTIMATED FREIGHT CHARGES <input type="checkbox"/> PREPAID (INCLUDED) <input type="checkbox"/> PREPAID (NOT INCLUDED) <input type="checkbox"/> COLLECT TO POINT OF EXIT \$ OR TO DESTINATION \$
16. MARKS AND NUMBERS _____ 17. NUMBER AND KIND OF PACKAGES _____ 18. SHIPPING WEIGHT _____	

19. COUNTRY/ PROVINCE OF ORIGIN	20. DESCRIPTION OF GOODS (INCLUDE H.S. NUMBER, IF KNOWN)	21. QUANTITY	22. UNIT PRICE	23. TOTAL PRICE
	H.S.		\$	\$
	H.S.		\$	\$
	H.S.		\$	\$
	H.S.		\$	\$
	H.S.		\$	\$
	H.S.		\$	\$
	H.S.		\$	\$
	H.S.		\$	\$
	H.S.		\$	\$
	H.S.		\$	\$
	H.S.		\$	\$
	H.S.		\$	\$
	H.S.		\$	\$
	H.S.		\$	\$
	H.S.		\$	\$

24. INVOICE TOTAL \$

25. DECLARATION BY FOREIGN SHIPPER * (TO BE COMPLETED ONLY WHEN THE GOODS DESCRIBED ABOVE ARE OF U.S. MANUFACTURE OR GROWTH). _____, 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 OF MANUFACTURE OR OTHER MEANS. SIGNATURE _____ STATUS _____	26. I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE AND ON THE CONTINUATION SHEET(S), IF ANY, IS TRUE AND COMPLETE IN EVERY RESPECT _____ NAME OF RESPONSIBLE EMPLOYEE OF EXPORTER _____ GIVE FIRM NAME AND ADDRESS IF DIFFERENT FROM EXPORTER BOX ABOVE DATE _____ STATUS _____ SIGNATURE _____ OWNER AGENT
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