

**COMBINATION: INVOICE – DECLARATION BY FOREIGN SHIPPER
INSTRUCTIONS**

1. EXPORTER, SHIPPER, SELLER, AND MAILING ADDRESS

Enter the Exporter/Shipper/Seller name, address and phone number.

2. SHIPPER'S REF. NO.

Enter your shipper reference number.

3. CONSIGNEE AND MAILING ADDRESS

Enter the Consignee name, address and I.R.S. (Federal Tax) number.

4. CONSIGNEE'S OR BUYER'S REF. NO.

Enter your consignee or buyer's reference number

5. FREIGHT AMOUNT (IF ANY) INCLUDED IN PRICES BELOW

Enter the freight amount/currency type included in prices below.

6. BUYER (IF OTHER THAN CONSIGNEE)

Enter the name, address, phone number of the buyer (if different from the consignee).

7. TERMS OF SALE – DELIVERY - PAYMENT

Enter the terms of sale for the shipment (I.E. FOB Plant, CIF)

8. BILL U.S. DUTY, MPF AND/OR BROKERAGE TO...

SHIPPER (INCLUDED IN SELLING PRICE)

SHIPPER (NOT INCLUDED IN SELLING PRICE)

BUYER

CONSIGNEE

OTHER (INDICATE NAME/ADDRESS BELOW)

Check appropriate box to indicate billing instructions.

PROCAM INTL. TO PROVIDE CARGO INSURANCE? Yes No

Check box to indicate if you would like Procama Intl. to insure this shipment.

9. LOCAL CARRIER

Local Domestic Carrier.

10. PARTIES TO THIS TRANSACTION ARE...

Check box to indicate if seller and buyer are related.

11. EXPORTING CARRIER

Carrier moving freight into the U.S.

12. FROM (CITY/PROVINCE)

City/Province cargo is shipped from.

13. U.S. PORT OF ENTRY

Port where merchandise enters the U.S.

14. INVOICE DATE

Date this invoice is created. (Use dd/mm/yy format.)

15. DATE OF SALE

Sale date for this transaction. (Use dd/mm/yy format.)

16. EXCHANGE RATE

Foreign currency exchange rate.

17. CURRENCY OF VALUE

Currency type indicated in price.

DECLARATION BY FOREIGN SHIPPER (COMPLETE IF GOODS DESCRIBED BELOW ARE OF U.S. ORIGIN AND VALUE EXCEEDS \$1000.00)

(Shipper Name) 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 U.S. (Port originally shipped) From ON OR ABOUT (Date shipped), THAT THEY ARE RETURNED WITHOUT HAVING BEEN ADVANCED IN VALUE OR IMPROVED IN CONDITION BY ANY PROCESS OF MANUFACTURE OR OTHER MEANS.
SIGNATURE (Signature of shipper) CAPACITY (Title of shipper).

COUNTRY OF MANUFACTURE OR GROWTH

Country where merchandise was produced or grown.

MARKS AND NUMBERS

Marks and numbers identifying shipment.

NUMBER AND KIND OF PACKAGES

Amount and type of packages.

SHIPPING WEIGHT

Net weight and unit of measure of shipment.

DESCRIPTION OF GOODS

Describe the merchandise in generic terms.

HTS NUMBER

Harmonized Tariff Code number.

QUANTITY

Number of units being shipped.

UNIT PRICE

Price per unit.

TOTAL PRICE

Total price payable for the shipment.

ESTIMATED FREIGHT CHARGES TO

Freight costs from shipping point to U.S. /destination
Point of Exit \$..... or Destination \$.....

NAME OR RESPONSIBLE EMPLOYEE OR EXPORTER

Person completing this form (please print).

SHOW DISCOUNTS ABOVE - Above price includes

Indicate items included : Duty – Clearance -Freight

NAME AND ADDRESS IF DIFFERENT FROM EXPORTER BOX ABOVE

Name and address of company/individual preparing this form if different from information listed in the exporter box (#2) above.

SIGNATURE

Signature of individual preparing this form.

DATE

Use dd/mm/yy format.

STATUS

Check appropriate box to indicate status of person preparing this document; Owner or Agent.