

COMBINATION: INVOICE – DECLARATION BY FOREIGN SHIPPER

1. EXPORTER, SHIPPER, SELLER, AND MAILING ADDRESS				2. SHIPPER'S REF. NO.	
TEL. NO. _____ FAX NO. _____					
3. CONSIGNEE AND MAILING ADDRESS					
IRS NO. _____					
4. CONSIGNEE'S OR BUYER'S REF. NO.			5. FREIGHT AMOUNT, IF ANY, INCLUDED IN PRICES BELOW: \$ _____		
6. BUYER (IF OTHER THAN CONSIGNEE)			7. TERMS OF SALE – DELIVERY – PAYMENT F.O.B.: <input type="checkbox"/> PLANT <input type="checkbox"/> DESTINATION, OR _____		
9. LOCAL CARRIER			8. U.S. DUTY, MPF AND/OR BROKERAGE FOR: <input type="checkbox"/> SHIPPER (INCLUDED) <input type="checkbox"/> SHIPPER (NOT INCLUDED) <input type="checkbox"/> BUYER <input type="checkbox"/> CONSIGNEE		
10. PARTIES TO THIS TRANSACTION ARE: <input type="checkbox"/> RELATED <input type="checkbox"/> NOT RELATED		Procam International inc. to provide cargo insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No OR FOR THE ACCOUNT OF: _____			
11. EXPORTING CARRIER		12. FROM (CITY / PROVINCE OF LADING)		14. INVOICE DATE	15. DATE OF SALE
13. U.S. PORT OF ENTRY		16. EXCHANGE RATE		17. CURRENCY OF VALUE	
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 _____ 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 MANUFACTURE OR GROWTH	MARKS AND NUMBERS		NUMBER AND KIND OF PACKAGES		SHIPPING WEIGHT
	DESCRIPTION OF GOODS		HTS NUMBER	QUANTITY	UNIT PRICE
If the production of these goods involved furnishings goods or services to the seller (e.g. assists such as dies, molds, tools, engineering work), and the value is not included in the invoice price, give explanation, if no assists state so. This invoice must specifically state that the applicable duty or fee for ANT, dumping duties, countervailing duties, merchandise processing fees, harbor maintenance fees, beef, pork and honey fees are included in the invoice price.					SHOW DISCOUNTS ABOVE ABOVE PRICE INCLUDES: <input type="checkbox"/> DUTY <input type="checkbox"/> CLEARANCE <input type="checkbox"/> FREIGHT
ESTIMATED FREIGHT CHARGES TO POINT OF EXIT \$ _____ OR TO DESTINATION \$ _____			NAME OF RESPONSIBLE EMPLOYEE OR EXPORTER (PRINT)		
GIVE NAME & ADDRESS IF DIFFERENT FROM EXPORTER BOX ABOVE			SIGNATURE _____		DATE _____
			STATUS <input type="checkbox"/> OWNER <input type="checkbox"/> AGENT		
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 goods or services provided to the seller either free or at the reduced cost.					

**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.