


# PRO FORMA INVOICE

1. SELLER OR EXPORTER  4. CONSIGNEE TAX I.D.	 FOR U.S. CUSTOMS CLEARANCE NOTIFY:  <h2 style="text-align: center;">CATARACT CUSTOMHOUSE BROKERAGE</h2> MAIN OFFICE: 2094 GRAND ISLAND BLVD. GRAND ISLAND, NY 14072 PHONE: 716-773-9207 FAX: 716-773-9445  RELEASE OFFICE LOCATIONS: Lewiston-Queenston Brdg, Lewiston, NY PH: 716-282-7854 FX: 716-282-7915 Peace Bridge, Ste 309, Buffalo, NY PH: 716-884-2390 FAX: 716-884-1581 Blue Water Brdg, Ste 2113, Port Huron, MI PH: 810-966-9225 FX: 810-966-9575	2. REFERENCE NO.  3. PAGE OF PAGE
5. BUYER OR OTHER  10. EXPORTING CARRIER	6. COUNTRY OF FINAL DESTINATION <h3 style="text-align: center;">U.S.A.</h3> RE-EXPORTS - Indicate the country of origin Individually in LEFT Margin  7. TERMS OF DELIVERY AND PAYMENT F.O.B.: PLANT <input type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER: <input type="checkbox"/> PARTIES TO THIS TRANSACTION ARE: <input type="checkbox"/> RELATED <input type="checkbox"/> NON-RELATED DUTY AND BROKERAGE FOR: <input type="checkbox"/> SELLER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> OTHER:  11. PRICES BELOW INCLUDE <input type="checkbox"/> DUTY <input type="checkbox"/> BROKERAGE <input type="checkbox"/> FREIGHT <input type="checkbox"/> DISCOUNT:	12. GROSS WEIGHT  13. QUANTITY  14. UNIT PRICE  15. TOTAL
MARKS AND NUMBER AND TYPE OF PACKAGES, DESCRIPTION OF ARTICLES NUMBERS	<b>For Customs Clearance in Detroit / Port Huron, MI please see our Port Huron, MI Office P: 810-966-9225 F: 810-966-9575</b>	
16.. TO BE COMPLETED BY CANADIAN SHIPPER WHEN THE GOODS DESCRIBED ABOVE ARE OF U.S. MANUFACTURE OR GROWTH. 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 _____, 19__ THAT THEY ARE RETURNED WITHOUT HAVING BEEN ADVANCED IN VALUE OR IMPROVED IN CONDITION BY ANY PROCESS OF MANUFACTURE OR OTHER MEANS. SIGNATURE _____ STATUS _____		
17. ESTIMATED FREIGHT CHARGES: <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT TO PORT OF EXIT _____ TO DESTINATION _____		18. IF ABOVE ARTICLES NOT SOLD, STATE THE REASON FOR EXPORT, (LOAN, REPAIR, ETC.)
19. 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		20. CONTAINERIZED <input type="checkbox"/> YES <input type="checkbox"/> NO
21. IF APPLICABLE - ARE/WERE THE ARTICLES: _____ SUBJECT TO DRAWBACK _____ IMPORTED ON 1/60TH BASIS _____ IMPORTED UNDER LICENSE		22. EXPORT PERMIT NO.
23. I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE AND TRUE AND COMPLETE IN EVERY RESPECT. GIVE FIRM NAME AND ADDRESS IF DIFFERENT FROM EXPORTER BOX ABOVE  DATE _____ STATUS _____ SIGNATURE _____ <input type="checkbox"/> OWNER <input type="checkbox"/> AGENT		<b>NOTICE</b>  THIS INVOICE DOES NOT RELIEVE THE SHIPPER FROM PRODUCING SPECIAL OR COMMERCIAL INVOICES WHEN REQUIRED

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 COUNTRY OF  
 MANUFACTURE  
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 ITEM BELOW  
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