

1. SHIPPER - NAME AND ADDRESS REF. NO. PHONE CONTACT		2. U.S. CUSTOMS HANDLED BY:		3. OTHER REF. NOS.				
5. CONSIGNEE / SHIP TO PARTY NAME AND ADDRESS IRS/TAX ID# OR SOCIAL SECURITY # * MANDATORY FOR U.S. CLEARANCE			6. IMPORTER OF RECORD NAME AND ADDRESS IRS/TAX ID# OR SOCIAL SECURITY # * MANDATORY FOR U.S. CLEARANCE					
7. BILL CUSTOM CHARGES TO <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE OR								
10. U.S. DUTY AND BROKERAGE INCLUDED IN INVOICE VALUE <input type="checkbox"/> YES <input type="checkbox"/> NO		8. ORIGIN (COUNTRY/PROVINCE)		9. DESTINATION (COUNTRY/STATE)				
11. PARTIES TO THIS TRANSACTION ARE <input type="checkbox"/> NOT RELATED <input type="checkbox"/> RELATED		14. TERMS OF SALE, PAYMENT AND DISCOUNT						
12. DATE OF EXPORT						IF THE GOODS ARE OF U.S. ORIGIN, THEY MUST BE PRODUCED OR MANUFACTURED IN THE U.S. AND NOT MERELY SHIPPED/PURCHASED FROM THE U.S.		
13. EXPORTING CARRIER		15. CURRENCY USED		16. IS FREIGHT INCLUDED IN INVOICE VALUE? YES: <input type="checkbox"/> NO: <input type="checkbox"/> IF YES YOU MUST COMPLETE BOX 26				
17. COUNTRY OF MANUFACTURE OR GROWTH	18. HS TARIFF	19. NO OF UNITS	20. DESCRIPTION OF GOODS GIVE SUFFICIENT DETAIL TO PERMIT CLASSIFICATION ACCORDING TO TARIFF SCHEDULE OF THE U.S.			21. UNIT QUANTITY (TONS, CWT, LBS, F.B.M., ETC)	22. UNIT PRICE	23. TOTAL
			SHIPPING WEIGHT. GROSS: NET: <input type="checkbox"/> lbs <input type="checkbox"/> kgs					
<< TOTAL PACKAGES		24. US CUSTOMS PORT OF ENTRY:		25. TOTAL INVOICE VALUE >>				
26. TO PORT OF EXIT \$		ACTUAL FREIGHT CHARGES TO DESTINATION \$		28. IF GOODS NOT SOLD STATE REASON FOR REPORT (LOAN, REPAIR, PROCESSING, ETC.)				
29. MODE OF TRANSPORTATION FROM POINT OF EXIT <input type="checkbox"/> ROAD <input type="checkbox"/> RAIL <input type="checkbox"/> AIR <input type="checkbox"/> OCEAN			30. CONTAINERIZED <input type="checkbox"/> YES: <input type="checkbox"/> NO:					
31. EXPORTING CARRIER AIR WAYBILL AND OR BILL OF LADING NUMBER			32. I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE AND ON THE CONTINUATION SHEET(S), IF ANY, IS TRUE AND COMPLETE IN EVERY RESPECT. DATE: _____ YOUR NAME OR SIGNATURE: _____					
			STATUS:					
			<input type="checkbox"/> SHIPPER:		<input type="checkbox"/> AGENT:			