


PRO FORMA INVOICE

Exporter or Seller Phone: _____ Fax: _____ Consignee Fed ID/IRS#: _____ Phone: _____ (required)		 DUTY RECOVERY • AUTOMATION • CUSTOMS BROKERAGE FOR CUSTOMS CLEARANCE NOTIFY: MSR Customs Corporation Peace Bridge Plaza, Buffalo, New York 14213 Tel: (716) 881-6691 Fax: (716) 881-6694			
Buyer (If other than Consignee) Fed ID / IRS# : _____ Local Carrier _____ (Local) Point of Lading _____ Exporting Carrier _____ B/L, AWB, TRUCKBILL Number _____ Port of Entry _____ Shipper/consignee ref# _____		Destination (Country): align="center">USA	Border crossing point: Terms of Sale: FOB <input type="checkbox"/> Plant <input type="checkbox"/> Destination <input type="checkbox"/> Other _____ U.S. Duty & Brokerage Charges For: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee <input type="checkbox"/> Other: Parties Are: <input type="checkbox"/> Related <input type="checkbox"/> Not Related Duty & Brokerage Fees Included: <input type="checkbox"/> Yes <input type="checkbox"/> No Discounts Included: <input type="checkbox"/> No <input type="checkbox"/> Yes (Details attached)		
Invoice Date _____ Date of Sale _____ Exchange Rate _____ Currency of Sale _____		Shipment total: _____ ctns on _____ skids Gross Weight _____			
Country/ Province of Origin		H.S. Number	Qty/Packaging	Unit Price	Invoice Total
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">PAPS Sticker:</div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>					
If good not sold state reason for export _____		Export Permit No. _____		Total Invoice: _____	
Estimated Freight Charges to Port of Exit \$ _____ to Destination \$ _____ Mode of Transportation _____ Containerized _____ <input type="checkbox"/> Road <input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Other _____ <input type="checkbox"/> Yes <input type="checkbox"/> No I hereby certify that the information given above and on the continuation sheet(s), if any, is true and complete in every respect. Give Firm Name _____ and Address if _____ different from _____ Exporter Box above _____ Date: _____ Status _____ Signature _____ [] Owner [] Agent		To be completed by Canadian Shipper ONLY when the goods described above are of U.S. manufacture/growth. DECLARATION OF SHIPPER 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 _____ that they are returned without having been advanced in value or improved in condition by any process of manufacture or other means. Signature _____ Status _____			