

U.S. CUSTOMS INVOICE

AQR359

4. PAGE OF PAGES

1. SHIPPER - NAME AND ADDRESS REF. NO. PHONE CONTACT	2. U.S. CUSTOMS HANDLED BY:	3. OTHER REF. NOS.
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5. CONSIGNEE / SHIP TO PARTY NAME AND ADDRESS IRS/TAX ID# OR SOCIAL SECURITY # * MANDATORY FOR U.S. CLEARANCE	6. BUYER - IF OTHER THAN CONSIGNEE / SHIP TO PARTY IRS/TAX ID# OR SOCIAL SECURITY # * MANDATORY FOR U.S. CLEARANCE
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7. BILL CUSTOM CHARGES TO SHIPPER CONSIGNEE OR

10. A) U.S. DUTY INCLUDED IN INVOICE VALUE <input type="checkbox"/> YES <input type="checkbox"/> NO 10. B) BROKERAGE INCLUDED IN INVOICE VALUE <input type="checkbox"/> YES <input type="checkbox"/> NO	8. ORIGIN (COUNTRY/PROVINCE)	9. DESTINATION (COUNTRY/STATE)
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11. PARTIES TO THIS TRANSACTION ARE NOT RELATED RELATED

14. TERMS OF SALE, PAYMENT AND DISCOUNT

12. LOCAL CARRIER	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.	33. THE GOODS COVERED UNDER THIS COMMERCIAL INVOICE IMPORTED UTILIZING THE FIRST SALE METHOD OF ESTABLISHING TRANSACTION VALUE ARE <input type="checkbox"/> ARE NOT <input type="checkbox"/>
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 PACKAGES.	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: 0 <input type="checkbox"/> lbs <input type="checkbox"/> kgs			

0	<< TOTAL PACKAGES	24. US CUSTOMS PORT OF ENTRY:	>> TOTAL INVOICE VALUE
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26. TO PORT OF EXIT \$	ACTUAL FREIGHT CHARGES TO DESTINATION \$
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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:
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31. GIVE NAME AND ADDRESS IF DIFFERENT FROM SHIPPERS BOX ABOVE	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: _____ STATUS: _____ SIGNATURE: _____ SHIPPER: <input type="checkbox"/> AGENT: <input type="checkbox"/>
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