

TOTAL LOGISTICS CONTROL INC. PRO-FORMA INVOICE

NAME AND ADDRESS OF EXPORTER:				REFERENCE NO.			
				PAGE	PAGE		
				1	OF 1		
SHIP TO:		SOLD TO (IF DIFFERENT FROM SHIT TO): IMPORTER OF RECORD					
		ORIGIN (COUNTRY/PROVINCE)		DESTINATION (COUNTRY/STATE)			
		TERMS OF SALE – DELIVERY – PAYMENT, ETC. FOB: PLANT <input type="checkbox"/> DESTINATION <input type="checkbox"/> OR _____					
		BILL CUSTOMES CHARGES TO: <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> OTHER _____					
LOCAL CARRIER		NOTIFY:		PAYABLE IN : <input type="checkbox"/> CANADIAN FUNDS <input type="checkbox"/> U.S. FUNDS			
				PARTIES TO THIS TRANSACTION ARE : <input type="checkbox"/> RELATED <input type="checkbox"/> NOT-RELATED			
		COUNTRY OF ORIGIN		U.S. RETURNED GOODS <input type="checkbox"/> (SEE DECLARATION BELOW) <input type="checkbox"/> OTHER			
EXPORTING CARRIER		<input type="checkbox"/> AEI CARR <input type="checkbox"/> BAX GLOBAL <input type="checkbox"/> OTHER		INVOICE DATE			
				DATE OF SALE			
PORT OF ENTRY		OTHER		EXCHANGE DATE			
				CURRENCY OF SALE			
MARKS AND NUMBERS (NUMBER AND KIND OF PACKAGES, DESCRIPTION OF SHIPMENT)				GROSS WEIGHT AND CUBAGE			
PIECES/PACKAGES		DESCRIPTION		WEIGHT	INV. UNIT QTY		
				INVOICE UNIT PRICE	INVOICE TOTAL		
ABOVE PRICES INCLUDE : <input type="checkbox"/> DUTY <input type="checkbox"/> BROKERAGE <input type="checkbox"/> FREIGHT							
DECLARATION BY FOREIGN SHIPPER (To be completed only when the good described above are of U.S. origin and their value exceeds \$1200.00)							
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.							
SHIPPER		SIGNATURE		DATE SIGNED:			
TOTAL FREIGHT CHARGES \$		PREPAID INCLUDED <input type="checkbox"/>		EXPORT PERMIT NO.			
		PREPAID INCLUDED <input type="checkbox"/>					
		COLLECT <input type="checkbox"/>		IF GOOD NOT SOLD, STATE REASON FOR EXPORT (LOAN, REPAIR, PROCESSING, ETC.)			
MODE OF TRANSPORTATION FROM POINT OF EXIT		CONTAINERIZED					
ROAD <input type="checkbox"/> RAIL <input type="checkbox"/> WATER <input type="checkbox"/> AIR <input type="checkbox"/> OTHER <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>					
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 : _____ OWNER <input type="checkbox"/> AGENT <input type="checkbox"/> SIGNATURE : _____				PACKAGING		MISC. TRANSPORT	
				COEAN / INT'L FREIGHT		COMMISSION	
				DOMESTIC FREIGHT CHARGES		CONTAINER	
				INSURANCE		ASSISTS	
				INVOICE TOTAL			

IF FOREIGN GOOD ARE IN SAME CONDITION AS IMPORTED, GIVE COUNTRY OF ORIGIN