

## **COMBINATION: INVOICE - DECLARATION BY FOREIGN SHIPPER**

For U.S. Customs clearance send documents to: sam@citybusinessbrokerage.com

INVOICE

For customs status updates 24/7: Call: +1 253 370 4153 www.citybusinessbrokerage.net

SHIPMENT REFERENCE: SHIP				MENT CONTROL #:						
EXPORTER, SELLER				PRODUCER OF GOODS (IF DIFFERENT THAN EXPORTER)						
SHIPPED TO, CONSIGNEE				BUYER (IF DIFFERENT THAN CONSIGNEE)						
IRS NUMBER: PARTIES TO THIS TRANSACTION ARE COUNTRY OF FINAL DEST. (IF OTHER THAN U.S.A.)					IRS NUMBER: INVOICE DATE DATE OF SALE					
RELATED NOT RELATED  U.S. DUTY / BROKERAGE FOR ACCOUNT OF:										
U.S. DUTY / BROKERAGE FOR ACCOUNT OF:				DISCOUNTS				PORT OF ENTRY:		
MARKS AND NUMBERS NUMBERS AND KIND OF PACKAGES SHIPPING WEIGHT				TERMS OF SALE						
				CURRENCY OF SALE U.S. CANADIAN OTHER (specify)						
COUNTRY OF ORIGIN DESC	CRIPTION OF GOODS	TEN DIGIT	H.T.S. NUMBER		INIT QTY.	LINIT	PRICE	INVOICE TOTAL		
DEGC	JAN HONOI GOODS	TENDION	TI.T.O. NOMBER		WII GIT.	ONT	THOL			
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If food is being imported, have any of the food items on this shipment been refused by any countries? No Yes (if yes please specify which products have been refused and name of the country that refused them).				ha				(		
CITY BUSINESS	IMENTS	Yes (if yes please specify which products have been refused and the y that refused them).  INVOICE TOTAL  ABOVE PRICES INCLUDE								
BROKERAGE					DUTY	BROKE		FREIGHT		
DECLARATION BY FOREIG	SN SHIPPER (To be completed on	Ily when the goods descri es herein specified are to the								
without having been advanced	ed from the United States from the pod in value or improved in condition by affidavit attached to this invoice.	ort of		on or abo	ut			that they are returned		
SHIPPER SIGNATURE				DATE SIGNED						
To the best of the knowledge and belief of the preparer this invoice is true and complete and discloses the true prices, values, quantities, rebates, drawbacks, fees, commissions, royalties and any goods or services provided to the seller either free orat a reduced cost.			ORTER)	NAME OF RESPONSIBLE EMPLOYEE OF EXPORTER						