

FROM:

** Denotes all mandatory fields.*

Clear All

Contact Name *
Company Name
Address 1 *
Address 2
City & Post Code *
State & Country *
Phone Number *

Proforma Invoice

**Select Invoice Type*

INVOICE #: Optional
DATE:

TO:

Contact Name *
Company Name
Address 1 *
Address 2
City & Post Code *
State & Country *
Phone Number *

AWB Number:
No. of Pieces: *
Gross Weight: * KG

Full Description	Origin Country	QTY.	Harmonised Code (Optional)	Unit Value	Total Value
DIMENSIONS CMS					
Total Value & Currency CAD					

Please state if goods are hazardous Yes No

Type of Export: Permanent **Select item*

Terms of Trade: Delivered at Place - DAP **Select item*

Reason for Export:

I/We hereby certify that the information on this Invoice is true and correct and that the contents of this shipment are as stated above.

SIGNATURE

