

# COMMERCIAL INVOICE

This invoice must be completed in English.

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<b>EXPORTER:</b> Tax ID#: IN <input type="text"/> Contact Name: <input type="text"/> Telephone No.: <input type="text"/> E-Mail: <input type="text"/> Company Name/Address: <input type="text"/>  Country/Territory: US Parties to Transaction: <input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related		Ship Date: <input type="text"/> Air Waybill No. / Tracking No.: <input type="text"/> Invoice No.: <input type="text"/> Purchase Order No.: <input type="text"/> Payment Terms: <input type="text"/> Bill of Lading: <input type="text"/> Purpose of Shipment: <input type="text"/> RETURN FOR REPAIR <input type="checkbox"/>						
<b>CONSIGNEE:</b> Tax ID#: GST <input type="text"/> Contact Name: ENGINEERING <input type="text"/> Telephone No.: 800-401-8199 <input type="text"/> E-Mail: sales@flexafab.com <input type="text"/> Company Name/Address: Flex A Fab Canada Inc. 254 Rue de l'Entreprise Unit 3-4 (receiving) Saint-Lin - Laurentides, QC J5M 0A5		<b>SOLD TO / IMPORTER (if different from Consignee):</b> <input checked="" type="checkbox"/> Same as CONSIGNEE: Tax ID#: GST <input type="text"/> Company Name/Address: Flex A Fab Canada Inc. 254 Rue de l'Entreprise Unit 3-4 (receiving) Saint-Lin - Laurentides, QC J5M 0A5						
If there is a designated broker for this shipment, please provide contact information.								
Name of Broker <input type="text"/>		Tel. No. <input type="text"/>	Contact Name <input type="text"/>					
Duties and Taxes Payable by <input checked="" type="checkbox"/> Exporter <input type="checkbox"/> Consignee <input type="checkbox"/> Other If Other, please specify <input type="text"/>								
No. of Packages	No. of Units	Net Weight (LBS / KGS)	Unit of Measure	Description of Goods	Harmonized Tariff Number	Country of Manufacture	Unit Value	Total Value
1			EA	Used Boat Window Frame		US	100.00	100.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
Total Pkgs	Total Units	Total Net Weight (Indicate LBS/KGS)	Total Gross Weight (Indicate LBS/KGS)	Terms of Sale: <input type="text"/>	Select Down Arrow For Options		Subtotal: <input type="text"/>	100.00
0	1	0					Insurance: <input type="text"/>	0.00
Special Instructions: <input type="text"/>							Freight: <input type="text"/>	0.00
							Packing: <input type="text"/>	0.00
Declaration Statement(s): <input type="text"/>							Handling: <input type="text"/>	0.00
							Other: <input type="text"/>	0.00
I declare that all the information contained in this invoice to be true and correct.							Invoice Total: <input type="text"/>	100.00
Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual: <input type="text"/>							Currency Code: <input type="text"/>	CAD
Signature / Title / Date: <input type="text"/>								