Print Form

Date:	# COMMERCIAL INVOICE	Page: 1/1

Shippers Ref. Number:	

Exporter / Shipper / Seller	
Name:	
Address:	
City/State:	
Phone:	
IRS#:	

TRANS-ONTARIO EXPRESS

Please Place Pro-Label In This Box

Customs Broker:	

Consignee	
Name:	
Address:	
City/State:	
Phone:	
IRS#:	

Buyer (If other than consignee)	
Name:	
Address:	
City/State:	
Phone:	
IRS#:	

Freight Charge Terms:
☐ Pre-Paid ☐ Collect ☐ Third Party

Terms of Sale-Delivery-Payment
☐ FOB Plant ☐ C&F/CIF Dest. ☐ Other

Shipping Weight:		
Currency of Value:		

Duties & Brokerage For
☐ Shipper-incl. ☐ Shipper-excl. ☐ Buyer ☐ Consignee

Country of Origin	HS Tariff	Commodity Description	Quantity	Unit Price	Total Price

Total Value:

Shipper's Declaration	
I Hereby Certify That The Information Given Above And On The Continuation Sheet(s), If Any, Is True And Complete In Every Respect.	
Sign: _____	Date: _____