



P O Box 769 Buffalo, NY 14213

Buffalo Phone: (716) 882-4100 Fax: (716) 882-4133

Lewiston Phone: (716) 285-4320 Fax: (716) 285-4328

Federated International, Inc.

PRO FORMA INVOICE

| | | | | | | |
|---|---------------------------------------|---|--|-------------------------|---|------------------------------|
| SHIPPER NAME & ADDRESS 1 TEL: CONTACT | | REF.NO | SHIPPED TO NAME & ADDRESS (IF DIFFERENT THAN SOLD TO) 3 IRS OR S/S NUMBER | | | |
| SOLD TO NAME & ADDRESS 2 IRS OR S/S NUMBER | | TEL: | CARRIER 4 | | NO. OF PIECES 5 | KGS/LBS 6 |
| PARTIES TO THE TRANSACTION ARE RELATED <input type="checkbox"/> NOT RELATED <input type="checkbox"/> 8 | | CURRENCY OF VALUE 9 | PRICES INCLUDE: DUTY <input type="checkbox"/> BROKERAGE <input type="checkbox"/> FREIGHT <input type="checkbox"/> FREIGHT AMT.(IF INCLUDED)\$ 10 | | | |
| BILL CUSTOMS CHARGES TO: OTHER <input type="checkbox"/> SHIPPER <input type="checkbox"/> 11 CONSIGNEE <input type="checkbox"/> | | NAFTA CLAIMED: BLANKET CERTIFICATE ON FILE W/ IMPORTER <input type="checkbox"/> 12 NAFTA CLAIMED: CERTIFICATE ATT'D. <input type="checkbox"/> NAFTA NOT CLAIMED: <input type="checkbox"/> | | | | |
| COUNTRY OF ORIGIN 13 | DESCRIPTION OF GOODS 14 | | H.S. CODE 15 | QTY 16 | UNIT PRICE 17 | TOTAL PRICE 18 |
| | | | | TOTAL INVOICE 19 | | |
| <p>(TO BE COMPLETED BY CANADIAN SHIPPER ONLY WHEN THE GOODS DESCRIBED BELOW ARE U.S. MANUFACTURE OR GROWTH)</p> <p>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. 20</p> | | | | | | |
| SIGNATURE | | | STATUS | | | |
| <p>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, COMMISSINS ROYALTIES AND ANY GOODS OR SERVIVCES PROVIDED TO THE SELLER EITHER FREE OR AT A REDUCED COSTS. 21</p> | | | | | | |
| Signature: | | | Date: | | STATUS OWNER <input type="checkbox"/> AGENT <input type="checkbox"/> | |