



Corporate:  
1010 Niagara Street,  
Buffalo, NY 14213  
(716) 884-1554

**PRO FORMA INVOICE**

**BCB'S FILER CODE IS 186**  
All documents can be faxed to 716-884-5703 or emailed to  
paps@bcbinternational.com.

Exporter Reference #:

Date (MM/DD/YYYY):

**FOR US CUSTOMS CLEARANCE,  
NOTIFY ONLY BCB INTERNATIONAL**

This fax number and email account are both monitored 24/7.

Exporter/Shipper/Seller:   Foreign Point of Lading:  Point of Entry:  Final Destination (if not US):	<div style="border: 1px solid black; padding: 5px; min-height: 100px;">                     Place PAPS sticker here or write PAPS number on line below:    <hr style="border: 0; border-top: 1px solid black;"/> </div>
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Consignee/Ship To:	Other (eg. Buyer/Bank) Third Party:	Comments:
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<b>IRS #:</b>	<b>IRS #:</b>
<b>DUNS:</b>	<b>DUNS:</b>
<b>Email:</b>	<b>Email:</b>

Parties to the Transaction:	Estimated Freight Charges to Point of Exit:	Carrier Name:	NAFTA Certificate of Origin:
Responsible for Brokerage & Duty Charges:	Freight Included:	No. and Kind of Packages:	Currency of Sale:
Brokerage & Duty Fees Included:	Terms of Sale:	Gross Metric Weight:	

C/O	Description	Claim NAFTA	Tariff No.	Invoice Item Qty.	Invoice Unit Price	Invoice Total
<b>Total Invoice:</b>						

I hereby certify that the information given above and on the continuation sheet(s), if any, is true and complete in every respect.

Date: \_\_\_\_\_ Signature (Responsible Party): \_\_\_\_\_ Title: [ ] **Owner** [ ] **Agent**

Firm Name & Address (if different than above):