

PRO FORMA INVOICE

INVOICE

OFFICES
TO SERVE
YOU AT....

MAINE, MA, CT
STRATFORD, CT
WINDSOR LOCKS, CT
BANGOR, ME
BAR HARBOR, ME
BRIDGEWATER, ME
CALAIS, ME
COBURN GORE, ME
FORT FAIRFIELD, ME
FORT KENT, ME
HOULTON, ME
JACKMAN, ME
LIMESTONE, ME
MADAWASKA, ME
PORTLAND, ME
VAN BUREN, ME
VANCE BORO, ME
BOSTON, MA
GLOUCESTER, MA

MIDWEST
GATEWAY
DETROIT, MI
GRAND RAPIDS, MI
PORT HURON, MI
ROMULUS, MI
SAULT STE MARIE, MI
CINCINNATI, OH
CHICAGO (O'HARE), IL

NORTHERN NY, VT
GATEWAY
PORTSMOUTH, NH
ALEXANDRIA BAY, NY
BUFFALO, NY
CHAMPLAIN, NY
FORT COVINGTON, NY
JAMAICA (JFK), NY
LEWISTON, NY
MASSENA, NY
ODDENSEBURG, NY
ROUSE POINT, NY
SYRACUSE, NY
TROUT RIVER, NY
WATERTOWN, NY
ALBANY, VT
BURLINGTON (AIRPORT), VT
DERBY LINE, VT
HIGHGATE SPRINGS, VT
NEWPORT, VT
NORTON, VT
ST. ALBANS, VT

COUNTRY
OF
ORIGIN

EXPORTER, SHIPPER, SELLER, AND MAILING ADDRESS				SHIPPER'S REF. NO.
CONSIGNEE AND MAILING ADDRESS		<p>FROM MONTREAL CALL DIRECT: CHAMPLAIN, NY - 514-866-1603 HIGHGATE SPRINGS, VT - 514-861-7564</p> <p>FROM ONTARIO & PARTS OF QUEBEC CALL DIRECT: ALEXANDRIA BAY, NY - 1-800-257-5599 BUFFALO, NY - 1-800-283-6336 DETROIT, MI - 1-800-345-2467 PORT HURON, MI - 1-800-345-2467</p>		
CONSIGNEE'S OR BUYER'S REF. NO.		FREIGHT AMOUNT, IF ANY,		
BUYER (IF OTHER THAN CONSIGNEE)		INCLUDED IN PRICES BELOW: \$		
LOCAL CARRIER		ORIGIN (COUNTRY / PROVINCE)		DESTINATION (COUNTRY / STATE)
EXPORTING CARRIER		U.S. DUTY AND/OR BROKERAGE FOR:		
U.S. PORT OF ENTRY		<input type="checkbox"/> SHIPPER (INCLUDED) <input type="checkbox"/> SHIPPER (NOT INCLUDED) <input type="checkbox"/> BUYER <input type="checkbox"/> CONSIGNEE		
PARTIES TO THIS TRANSACTION ARE:		OR FOR THE ACCOUNT OF:		
FROM (CITY / PROVINCE OF LADING)		INVOICE DATE		DATE OF SALE
EXCHANGE RATE		CURRENCY OF VALUE		
<p>DECLARATION BY FOREIGN SHIPPER (COMPLETE IF GOODS DESCRIBED BELOW ARE OF U.S. ORIGIN AND VALUE EXCEEDS \$1000.00)</p> <p>I, _____, DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ARTICLES HEREIN SPECIFIED ARE PRODUCTS OF THE UNITED STATES; THAT THEY WERE EXPORTED FROM THE UNITED STATES, FROM THE PORT OF _____ ON OR ABOUT _____, 19____, THAT THEY ARE RETURNED WITHOUT HAVING BEEN ADVANCED IN VALUE OR IMPROVED IN CONDITION BY ANY PROCESS OF MANUFACTURE OR OTHER MEANS.</p> <p style="text-align: center;">SIGNATURE _____ CAPACITY _____</p>				
MARKS AND NUMBERS		NUMBER AND KIND OF PACKAGES		SHIPPING WEIGHT
DESCRIPTION OF GOODS		QUANTITY	UNIT PRICE	TOTAL PRICE
ESTIMATED FREIGHT CHARGES		OCEAN OR INTERNATIONAL FREIGHT		SHOW DISCOUNTS ABOVE
TO POINT OF EXIT \$		OR TO DESTINATION \$		DOMESTIC FREIGHT CHARGES
MODE OF TRANSPORTATION FROM POINT OF EXIT		29 CONTAINERIZED		INSURANCE
NAME OF RESPONSIBLE EMPLOYEE OF EXPORTER		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, COMMISSIONS, ROYALTIES AND ANY GOODS OR SERVICES PROVIDED TO THE SELLER EITHER FREE OR AT A REDUCED COST		MISC. TRANSP.
GIVE FIRM NAME AND ADDRESS IF DIFFERENT FROM EXPORTER BOX ABOVE.		STATUS		COMMISSION
DATE		OWNER <input type="checkbox"/> AGENT <input type="checkbox"/>		CONTAINER
				ASSISTS
				INVOICE TOTAL

A.N. DERINGER, INC.

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