



Corporate:
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(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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IRS #:	IRS #:
DUNS:	DUNS:
Email:	Email:

Parties to the Transaction:	Estimated Freight Charges to Point of Exit:	Carrier Name:	USMCA 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 USMCA	Tariff No.	Invoice Item Qty.	Invoice Unit Price	Invoice Total
Total Invoice:						

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):