PMK International LLC Est 2001

LICENSED CUSTOMS BROKERAGE ▶ FREIGHT FORWARDING ▶ LOGISTICS SERVICES

Shipping. Clearing. And all the rest.

U.S. CUSTOMS INVOICE

1. Shipper — Name
Contact
Phone
Address

2. Exporter — If Other Than Shipper
Name
Contact
Phone
Address

3. Other Ref. Nos.

4. Consignee / Ship To Party Name
Phone
Address
IRS Number / EIN Number / Social Security Number - *Mandatory for U.S. Clearance

5. Buyer — If Other Than Consignee / Ship To Party
Phone
Address
IRS Number / EIN Number / Social Security Number - *Mandatory for U.S. Clearance

4b. DUNS Number & Email Address **required for Food Imports Into the USA**

6. Bill Customs Charges To
☐ Shipper ☐ Exporter ☐ Buyer ☐ Consignee ☐ Other

7. A) U.S. Duty included in invoice value ☐ YES ☐ NO
7. B) Brokerage included in invoice value ☐ YES ☐ NO
7. C) AD/CVD duty included in invoice value ☐ YES ☐ NO
If Yes Enter Amount Here _____

8. Origin (Country/Province)

9. Destination (Country/State)

10. Parties to this transaction are ☐ NOT RELATED ☐ RELATED

11. Local Carrier

12. Exporting Carrier

IF THE GOODS ARE OF U.S. ORIGIN, THEY MUST BE PRODUCED OR MANUFACTURED IN THE U.S. AND NOT MERELY SHIPPED/PURCHASED FROM THE U.S.

13. Terms of sale, payment and discount

14. Currency Used

15. Is freight included in invoice value? ☐ YES ☐ NO
If Yes You Must Complete Box 28

16. Country Of Manufacture Or Growth	17. HTS number	18. NO OF PACKAGES	19. Description of goods Give sufficient detail to permit classification According to tariff schedule of the u.S.	20. WEIGHT Gross	20. WEIGHT Net	21. UNIT QUANTITY Units	21. UNIT QUANTITY UOM	22. UNIT PRICE	23. TOTAL
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
			Shipping Weight Gross Net Lbs Kgs						

24. Total Packages 0

25. U.S. Customs Port Of Entry

26. Total Invoice Value $0.00

27. Freight amount to border $

28. Actual freight charges to destination $

29. If goods not sold state reason for report (Loan, Repair, Processing, Etc.)

30. Mode of transportation from point of exit Road Rail Air Ocean

31. Containerized ☐ YES ☐ NO

32. Give name and address if different from shippers box above

33. 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:
Status ☐ SHIPPER ☐ AGENT

INVOICE NUMBER

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