

Email : paps@axxessintl.com

Phone: 1-855-624-3287

Fax : 1-888-514-2902



SHIPPING NO:

EXPORTER, SELLER EXPORTATEUR, VENDEUR		PRODUCER OF GOODS (IF DIFFERENT THAN EXPORTER) FABRICANT DES MARCHANDISES (SI AUTRE QUE L'EXPORTATEUR)		
SHIPPED TO EXPÉDIÉ À		BUYER (IF DIFFERENT THAN CONSIGNEE) ACHÉTEUR (SI AUTRE QUE LE DESTINATAIRE)		
IRS NUMBER		IRS NUMBER		
PARTIES TO THIS TRANSACTION ARE LES TRANSACTIONNAIRES SONT <input type="checkbox"/> RELATED ASSOCIÉS <input type="checkbox"/> NOT RELATED NON ASSOCIÉS		COUNTRY OF FINAL DEST. (IF OTHER THAN U.S.A.) PAYS DE DESTINATION FINALE (SI AUTRE QUE LES É.-U.)	INVOICE DATE DATE DE LA FACTURE :	DATE OF SALE DATE DE LA VENTE :
U.S. DUTY / BROKERAGE FOR ACCOUNT OF DROITS DE DOUANE/COURTAGE É.-U. POUR LE COMPTE DE: <input type="checkbox"/> EXPORTER / EXPORTATEUR <input type="checkbox"/> SHIP TO CONSIGNEE / EXPÉDIER AU DESTINATAIRE <input type="checkbox"/> OTHER (SPECIFY) / AUTRE _____		DISCOUNTS ESCOMPTIES :		
MARKS AND NUMBERS MARQUES ET NUMÉROS		NUMBER AND KIND OF PACKAGES NOMBRE ET CATÉGORIE DE COLIS	SHIPPING WEIGHT POIDS À L'EXPÉDITION	FREIGHT AMOUNT INCLUDED MONTANT DU FRET COMPRIS
FREIGHT AMOUNT TO BORDER MONTANT DU FRET À LA FRONTIÈRE		CURRENCY OF SALE VENTE EN DEVISES : US <input type="checkbox"/> CANADIAN CANADIENNES <input type="checkbox"/> OTHER AUTRES <input type="checkbox"/>		
COUNTRY ORIGIN OF GOODS PAYS D'ORIGINE DES MARCHANDISES	DESCRIPTION OF GOODS DESCRIPTION DES MARCHANDISES	10 DIGIT H.S. NUMBER NUMÉRO DE SIX CHIFFRES DU S.H.	INVOICE UNIT QTY. QTE UNITAIRE	INVOICE UNIT PRICE PRIX UNITAIRE
INVOICE TOTAL TOTAL DE LA FACTURE				
ABOVE PRICES INCLUDE LES PRIX CI-DESSUS COMPRENNENT: <input type="checkbox"/> DUTY DROITS <input type="checkbox"/> BROKERAGE COURTAGE <input type="checkbox"/> FREIGHT TRANSPORT				
DECLARATION BY FOREIGN SHIPPER (To be completed only when the goods described above are of U.S. origin and their value exceeds \$2000.00)				
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 _____ 19 _____ that they are returned without having been advanced in value or improved in condition by any process of manufacture or other means.				
SHIPPER		SIGNATURE		DATE SIGNED
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.		PREPARER (IF OTHER THAN EXPORTER) PRÉPARATEUR (SI AUTRE QUE L'EXPORTATEUR)		NAME OF RESPONSIBLE EMPLOYEE OF EXPORTER NOM DE L'EMPLOYÉ RESPONSABLE CHEZ L'EXPORTATEUR