



# ProForma

## INVOICE

SHIPPER / EXPORTER (FIRST AND LAST NAME)		TELEPHONE	SHIPPER / EXPORTER ADDRESS IN U.S.	
U.S. PASSPORT # OR EIN/ FOREIGN PASSPORT		EMAIL ADDRESS:		
FOREIGN RECEIVER (FIRST AND LAST NAME)		TELEPHONE	FOREIGN RECEIVER ADDRESS	
PARTIES TO THIS TRANSACTION ARE <input type="checkbox"/> RELATED <input type="checkbox"/> NOT RELATED		COUNTRY OF FINAL DESTINATION		
U.S. DUTY AND/OR BROKERAGE FOR <input type="checkbox"/> EXPORTER (INCLUDED) <input type="checkbox"/> EXPORTER (NOT INCLUDED) <input type="checkbox"/> <input type="checkbox"/>		DATE OF PURCHASE		
MARKS AND NUMBERS		NUMBER AND KIND OF PACKAGES	SHIPPING WEIGHT	FREIGHT AMOUNT INCLUDED
COUNTRY OF ORIGIN	DESCRIPTION OF GOODS	QUANTITY	UNIT PRICE	TOTAL PRICE

Cargo Insurance is available through Navigators Management Company Inc. Please contact Customer Service at 713-589-2925 for a competitive quote.

**INVOICE TOTAL**

**DECLARATION BY FOREIGN SHIPPER (COMPLETE IF GOODS ARE OF U.S. ORIGIN AND VALUE EXCEEDS \$2000.00)**

I, \_\_\_\_\_, DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ARTICLES HEREIN SPECIFIED ARE TO BE EXPORTED FROM THE UNITED STATES TO \_\_\_\_\_ I CERTIFY THAT ALL INFORMATION I HAVE PROVIDE IS TRUE AND ACCURATE.

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.

SIGNATURE

NAME OF RESPONSIBLE EMPLOYEE OF FREIGHT FORWARDER