

1a. Exporter - Shipper - Seller		<b>PROFORMA INVOICE      FILER CODE: MFT</b>				
		SHIPPER: PLEASE BE SURE TO COMPLETE ALL APPLICABLE AREAS.				
b. Federal Tax ID#	c. Related Parties <input type="checkbox"/> Yes <input type="checkbox"/> No	2. DATE OF EXPORTATION	3. PORT OF CROSSING (IF KNOWN):			
4a. ULTIMATE CONSIGNEE						
b. Federal Tax ID#		Email: chb@mainfreightusa.com 1400 Glenn Curtiss St Carson, CA 90746 USA PH: 800-283-8888				
5a. BUYER - IF OTHER THAN CONSIGNEE		15. Check if Applicable: <input type="checkbox"/> NAFTA Applies - Please attach copy of completed NAFTA Certificate of Origin				
6. COUNTRY/PROVINCE OF EXPORT	7. CURRENCY <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> OTHER-	16. BILL CUSTOMS CHARGES TO: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee <input type="checkbox"/> Third Party				
8. LOCAL CARRIER:	9. MODE OF TRANSPORT (Specify) <input type="checkbox"/> Truck <input type="checkbox"/> Rail	17. APPLICABLE INCOTERM: <input type="checkbox"/> CPT <input type="checkbox"/> EXW <input type="checkbox"/> CFR <input type="checkbox"/> CIF <input type="checkbox"/> DAT <input type="checkbox"/> DAP <input type="checkbox"/> DDP	18. HAZARDOUS MATERIALS: <input type="checkbox"/> Yes - Attach MSDS/Support Docs <input type="checkbox"/> No			
10. EXPORTING CARRIER	11. PORT OF EXPORT	19. FDA PRIOR NOTICE REQUIRED: <input type="checkbox"/> YES - ATTACH PN CONFIRMATION NO(S) <input type="checkbox"/> NO				
12. CARRIER CONTACT NAME:	13. CARRIER PHONE:	19. Other Government Agency Regulations Apply? <input type="checkbox"/> Yes <input type="checkbox"/> No				
14. Freight Included in Customs Value? <input type="checkbox"/> Yes Amt: \$ <input type="checkbox"/> No						
20. Any US Goods returned which have not been advanced in value must have a foreign shipper's declaration and, if CBP requests, a NAFTA or Mfr's affidavit from the Mfr must be provided to prove US origin		21. Shipper Ref#	22. Declared Value or Price if not sold:			
23 Ctns:	24. Individual Quantity and Description of Goods - Must be detailed enough to permit accurate tariff classification.	25. Unit Qty (ea)	26. Unit Value	27. Country / Province of Origin	28. Weight (kg)	Note: All items must have a declared value.
					TOTAL: \$	
29. DATE	30. FIRM NAME IF NOT EXPORTER, BUYER, OR SELLER	33. SPECIAL INSTRUCTONS:				
31. Telephone No. (Including Area Code)	32. E-mail address					
I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND COMPLETE IN EVERY RESPECT:		RETURN COMPLETED INVOICE TO: MAINFREIGHT, INC. EMAIL: CHB@MAINFREIGHTUSA.COM				
SIGNATURE:		DATE				