



Commercial Invoice

Shipper		Shipment Information	
Name		Number of Pieces	
Address		Value of Goods	
City, Province/State		Funds Type	<input type="checkbox"/> CDN <input type="checkbox"/> U.S.
Postal Code/Zip			
		Shipment Weight	
			<input type="checkbox"/> lbs <input type="checkbox"/> kg
Consignee		Country of Origin	
Name		IRS#	
Address			
City, Province/State		Customs Broker Name	
Postal Code/Zip			
Attention		Customs Broker Agent Name	
Telephone Number			

Complete Description of Goods and Packaging

Please note H.S. (harmonized system) codes are now required for each commodity.
 For assistance with this form, please contact our Customer Service Call Center at 1-888-878-9229.