Express **LINK**

COMMERCIAL INVOICE

Shipper's Name _____

Street Address _____

City, Province/State _____

Postal Code/Zip Code _____

Consignee _____

Street Address _____

City, Province/State _____

Postal Code/Zip Code _____

Attention _____

Telephone Number _____

Number of Pieces

Complete description of goods and packaging

Shipment Weight

lbs kg

Value of goods $ _____ . _____

Funds Type (check one) CDN U.S.

Customs Broker Name _____

Country of Origin _____