

<b>1. VENDOR (Name &amp; Address)</b>		<b>2. DATE OF DIRECT SHIPMENT TO CANADA</b>		
<b>4. CONSIGNEE (Name &amp; Address)</b>		<b>3. OTHER REFERENCES (Include Purchaser's order No.)</b>		
		<b>5. PURCHASER'S NAME AND ADDRESS (If other than Consignee)</b>		
		<b>6. COUNTRY OF TRANSPORTATION</b>		
<b>8. TRANSPORTATION (Give mode &amp; place of Direct Shipment to Canada)</b>		<b>7. COUNTRY OF ORIGIN OF GOODS</b>		
		<b>9. CONDITIONS OF SALE AND TERMS OF PAYMENT (IE SALES, CONSIGNMENT, SHIPMENT, GOODS, ECT)</b>		
<b>11. NO OF PACKAGES</b>	<b>12. SPECIFICATION OF COMMODITIES (Kind of packages, Marks &amp; Numbers, General Description and Characteristics)</b>	<b>13. QUANTITY (State Unit)</b>	<b>14. UNIT PRICE</b>	<b>15. TOTAL</b>
<b>18. If any of fields 1-17 are included on an attached commercial invoice</b>  <b>CHECK THIS BOX</b> <input type="checkbox"/>		<b>16. TOTAL WEIGHT</b>  <b>NET</b> <input type="text"/> <b>GROSS</b> <input type="text"/>		<b>17. INVOICE TOTAL</b>
<b>19. EXPORTER'S NAME AND ADDRESS (If other than Vendor)</b>		<b>20. ORIGINATOR (Name &amp; Address)</b>		
<b>21. DEPARTMENTAL RULING (If applicable)</b>		<b>22. If fields 23-25 are not applicable, check this box</b> <input type="checkbox"/>		
<b>23. If included in field 17 indicate amount</b>  (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada _____ (ii) Cost for construction, erection, and assembly incurred after importation into Canada _____ (iii) Export Packing _____	<b>24. If not included in field 17 indicate amounts</b>  (i) Transportation charges, expenses, and insurance to the place of direct shipment into Canada _____ (ii) Amounts for commissions other than buying commissions _____ (iii) Export Packing _____	<b>25. Check if applicable</b>  (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser <input type="checkbox"/>  (ii) The purchaser has supplied goods or services for the use in the production of these goods. <input type="checkbox"/>		