

F R O M	1. Exporter		CUSTOMS CLEARANCE INVOICE BY UNIVERSAL LOGISTICS SOLUTIONS INTERNATIONAL INC		3. Exp. Ref. No		
					4. Page of Pages		
F O R	5. Consignee REF NO.		6. Other Address (e.g. buyer/bank)				
	ADDRESS						
	IRS#						
NOTE	NOTIFY		FREIGHT AMOUNT, IF ANY INCLUDED IN PRICES BELOW:\$				
Indicate Country of manufacture or Growth for each item below	9. Pre-carriage by	ULSII Bridge Office 313-965-8299 Fax: 313-965-7399 CSI Windsor 519-250-0555 Fax: 519-250-8572	7. Origin (country/province)	8. Destination (country/state)			
	10. Exporting Carrier		U.S.DUTY AND/OR BROKERAGE FOR SHIPPER CONSIGNEE	PRICE(S) INCLUDE: DUTY CLEARANCE FREIGHT			
	11. Port of Entry		OR FOR THE ACCOUNT OF:				
			13. Invoice Date	14. Date of Sale			
			15. Exchange Rate	16. Currency of Sale			
DECLARATION BY FOREIGN SHIPPER (COMPLETE IF GOODS DESCRIBED BELOW ARE OF U.S. ORIGIN AND VALUE EXCEEDS \$1000.00) I, DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ARTICLES HEREIN SPECIFIED ARE PRODUCTS OF THE UNITED STATES; THAT THEY WERE EXPORTED FROM THE UNITED STATES, FROM THE PORT OF ON OR ABOUT ,20 :THAT THEY ARE RETURNED WITHOUT HAVING BEEN ADVANCED IN VALUE OR IMPROVED IN CONDITION BY ANY PROCESS OF MANUFACTURE OR OTHER MEANS. SIGNATURE CAPACITY -							
	MARKS AND NUMBERS NUMBER AND KIND OF PACKAGE			SHIPPING WEIGHT			
	DESCRIPTION OF GOODS		QUANTITY	UNIT PRICE	TOTAL PRICE		
	IF GOODS ARE NOT SOLD, STATE REASON FOR EXPORT SOLD NOT SOLD		EXPORT PERMIT NO.	PACKAGING			
	ESTIMATE FREIGHT CHARGES TO POINT OF EXIT \$ OR TO DESTINATION \$			OCEAN OR INTERNATIONAL FREIGHT			
	MODE OF TRANSPORTATION FROM POINT OF EXIT ROAD RAIL WATER AIR OTHER		<input type="checkbox"/> <input type="checkbox"/>	DOMESTIC FREIGHT CHARGES			
	NAME OF RESPONSIBLE EMPLOYEE OR EXPORTER		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 GOOD OR SERVICES PROVIDED TO THE SELLER EITHER FREE OR AT A REDUCED COST.	INSURANCE			
	_____ GIVE FIRM			MISC. TRANSP.			
	NAME AND ADDRESS IF DIFFERENT FROM EXPORTER BOX ABOVE:_____			COMMISSION			
	_____ DATE			CONTAINER			
	_____			ASSISTS			
		INVOICE TOTAL					