



AUTO CALCULATING  
**PRO FORMA INVOICE**

| 1. Shipper, Exporter Name and Address<br>Contact person<br><br>Phone No                                                                                                                     |                          | <b>Customs Clearance by<br/>WCS International, DBA World Class Shipping</b>                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                |                  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------|------------------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 2. Consignee Name and Address<br>Tax ID No.<br><br>Contact person<br><br>Phone No                                                                                                           |                          | 3. Producer Name and Address                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                |                  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Sold to Party Name and Address<br>Tax ID No.<br><br>Contact person.<br><br>Phone No                                                                                                      |                          | 5. Parties to this transaction are: check applicable box<br><input type="checkbox"/> Related <input type="checkbox"/> Not Related |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7. Terms of Sale           |                |                  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. Brokerage and Duty Charges billed to:<br><input type="checkbox"/> Consignee <input type="checkbox"/> Shipper<br><input type="checkbox"/> other specify _____                             |                          | 6. Gross Shipment Weight<br><br>_____ LBS / KG                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 9. Invoice Number and Date |                |                  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. Currency of Sale<br><input type="checkbox"/> USD                      other _____                                                                                                       |                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                |                  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11. Country of Origin                                                                                                                                                                       | 12. Description of Goods | 13. HTS Code                                                                                                                      | 14. Quantity                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 15. Unit Cost              | 16. Total Cost |                  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                             |                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                |                  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17. If goods are not being sold, state reason for exportation                                                                                                                               |                          |                                                                                                                                   | 18. Additional Costs<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">cost description</th> <th style="width: 20%;">cost \$\$</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> |                            |                | cost description | cost \$\$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| cost description                                                                                                                                                                            | cost \$\$                |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                |                  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                             |                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                |                  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                             |                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                |                  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                             |                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                |                  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                             |                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                |                  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                             |                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                |                  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                             |                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                |                  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                             |                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                |                  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                             |                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                |                  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Info                                                                                                                                                                             |                          |                                                                                                                                   | 19. Total Invoice                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                |                  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I hereby certify that the information provided is true and complete to the best of my knowledge.                                                                                            |                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                |                  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Signature</td> <td style="width: 50%; padding: 5px;">Date</td> </tr> </table> |                          | Signature                                                                                                                         | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                |                  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature                                                                                                                                                                                   | Date                     |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                |                  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |