

PROFORMA INVOICE

FIBREX INSULATIONS INC.

CUSTOMS CLEARANCE
BY

UPS Supply Chain Solutions, Inc.

DETROIT (Ambassador Bridge), MI
Tel.: 1-800-226-0990
CHAMPLAIN, NY
Tel.: (518) 298-3600
PORT HURON, MI
Tel.: (810) 989-0000
DERBY LINE, VT
Tel.: (802) 873-9450

All information contained on this document is as provided by shipper, consignee, or agent. We will not be held responsible for errors or omissions resulting from wrong / inaccurate information. Full terms and conditions under which we operate are available upon request.

EXPORTER, SHIPPER, SELLER AND MAILING ADDRESS	
Phone # -	
CONSIGNEE AND MAILING	
IRS NO.	
BUYER (IF OTHER THAN CONSIGNEE)	<input type="checkbox"/> RELATED <input type="checkbox"/> NOT RELATED
Terms of Sale - Delivery - Payment F.O.B. <input type="checkbox"/> PLANT or <input type="checkbox"/> DESTINATION or _____ Prices Shown in Column "Total Price" INCLUDE: BROKERAGE <input type="checkbox"/> U.S. DUTY/MPF <input type="checkbox"/> FREIGHT <input type="checkbox"/> Discount (Specify Type/Amount) _____ Other (Specify) _____ U.S. Duty and/or Brokerage for Shipper <input type="checkbox"/> Consignee <input type="checkbox"/> for the ACCOUNT OF: _____	
FREIGHT RATE	GROSS WEIGHT
INV #	DATE CURRENCY
ESTIMATED FREIGHT CHARGES: <input type="checkbox"/> PREPAID (included) <input type="checkbox"/> PREPAID (not included) <input type="checkbox"/> COLLECT TO POINT OF EXIT \$ OR TO DESTINATION \$	

TOTAL NO. OF PAGES

SHIPMENT

OF

For Customs Use Only

COUNTRY OF ORIGIN (WHERE MANUFACTURED)	Column 1	Column 2	Column 3	Column 4	Column 5
	BILL OF LADING OR MARKS & NUMBERS OR ADDRESS OF CONSIGNEE ON PACKAGES	CAR NUMBER AND INITIALS see block 7 & 8	NO OF PKGS. DESCRIPTION OF GOODS (INCLUDE H.S. NUMBER IF KNOWN) GROSS WEIGHT	UNIT PRICE	TOTAL PRICE

BLOCKS 1-9 FOR CARRIER'S USE

1. NAME AND ADDRESS AND DESCRIPTION OF IMPORTING CONVEYANCE		2. NAME OF MASTER OR PERSON IN CHARGE		
3. NAME AND ADDRESS OF OWNER		4. FOREIGN PORT OF LADING		5. U.S. PORT OF DESTINATION
6. PORT OF ARRIVAL		7. LIC. NO.	8. TRL NO.	9. DATE OF ARRIVAL

<p>CARRIER'S CERTIFICATE</p> <p>TO THE DISTRICT DIRECTOR OF CUSTOMS, PORT OF ARRIVAL THE UNDERSIGNED CARRIER TO WHOM OR UPON WHOSE ORDER THE ARTICLES DESCRIBED ABOVE MUST BE RELEASED HEREBY CERTIFIES THAT UPS SCS, INC. IS THE OWNER OR CONSIGNEE OF SUCH ARTICLES WITHIN THE PURVIEW OF SECTION 484(H), TARIFF ACT OF 1930. I CERTIFY THAT THIS MANIFEST IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.</p> <p>DATE _____</p> <p>SIGNATURE _____</p>	<p>I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE AND ON THE CONTINUATION SHEET(S), IF ANY, IS TRUE AND COMPLETE IN EVERY RESPECT</p>
	<p>NAME OF RESPONSIBLE EMPLOYEE OF EXPORTER</p>
	<p>GIVE FIRM NAME AND ADDRESS IF DIFFERENT FROM EXPORTER BOX ABOVE</p> <p>DATE: _____ STATUS _____</p> <p>SIGNATURE: _____ <input type="checkbox"/> OWNER <input type="checkbox"/> AGENT</p>

THE DEPARTMENT OF THE TREASURY
U.S. CUSTOMS SERVICE 123.4,C.R., 5.1,C.M.

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EXPORTER, SHIPPER, SELLER AND MAILING ADDRESS	
Phone # -	
CONSIGNEE AND MAILING	
IRS NO.	<input type="checkbox"/> RELATED
BUYER (IF OTHER THAN CONSIGNEE)	<input type="checkbox"/> NOT RELATED
IRS NO.	

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INWARD CARGO MANIFEST

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Column 1 BILL OF LADING OR MARKS & NUMBERS OR ADDRESS OF CONSIGNEE ON PACKAGES	Column 2 CAR NUMBER AND INITIALS see block 7 & 8	Column 3 NO OF PKGS. DESCRIPTION OF GOODS (INCLUDE H.S. NUMBER IF KNOWN) GROSS WEIGHT	Column 4 Name of Consignee (see name of consignee above)	Column 5 For use by customs only
1. NAME AND ADDRESS AND DESCRIPTION OF IMPORTING CONVEYANCE		2. NAME OF MASTER OR PERSON IN CHARGE		
3. NAME AND ADDRESS OF OWNER		4. FOREIGN PORT OF LADING		5. U.S. PORT OF DESTINATION
6. PORT OF ARRIVAL		7. LIC. NO.	8. TRL NO.	9. DATE OF ARRIVAL

CARRIER'S CERTIFICATE

TO THE DISTRICT DIRECTOR OF CUSTOMS, PORT OF ARRIVAL
THE UNDERSIGNED CARRIER TO WHOM OR UPON WHOSE ORDER THE ARTICLES DESCRIBED
ABOVE MUST BE RELEASED HEREBY CERTIFIES THAT **UPS SCS, INC.** IS THE OWNER OR
CONSIGNEE OF SUCH ARTICLES WITHIN THE PURVIEW OF SECTION 484(H), TARIFF ACT OF 1930.
I CERTIFY THAT THIS MANIFEST IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

DATE _____

SIGNATURE _____