

TaxID/VAT No:

Page 1

<b>FROM</b>  <b>Contact Name:</b>     <b>Phone:</b>	<b>Waybill Number:</b> <b>Shipment ID:</b>   <b>Invoice No:</b> <b>Date:</b> <b>PO No:</b>  <b>Terms of Sale (Incoterm):</b> <b>Reason for Export:</b>
<b>SHIP TO</b> <b>Tax ID/VAT No:</b> <b>Contact Name:</b> <div style="border: 1px solid black; height: 100px; width: 100%; margin: 5px 0;"></div> <b>Phone:</b>	<b>SOLD TO INFORMATION</b> <b>Tax ID/VAT No:</b> <b>Contact Name:</b>   <b>Phone:</b>

Units	U/M	Description of Goods/Part No.	Harm. Code	C/O	Unit Value	Total Value
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Additional Comments:

<b>Declaration Statement:</b>          <b>Shipper</b> <span style="float: right;"><b>Date</b></span>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;"><b>Invoice Line Total:</b></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>Discount/Rebate:</b></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>Invoice Sub-Total:</b></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>Freight:</b></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>Insurance:</b></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>Other:</b></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>Total Invoice Amount:</b></td> <td></td> </tr> </table> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: right;"><b>Total Number of Packages:</b></td> <td style="text-align: right;"><b>Currency:</b></td> </tr> <tr> <td style="text-align: right;"><b>Total Weight:</b></td> <td></td> </tr> </table>	<b>Invoice Line Total:</b>		<b>Discount/Rebate:</b>		<b>Invoice Sub-Total:</b>		<b>Freight:</b>		<b>Insurance:</b>		<b>Other:</b>		<b>Total Invoice Amount:</b>		<b>Total Number of Packages:</b>	<b>Currency:</b>	<b>Total Weight:</b>	
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