1610 2015-11-20 17:29:34

Commercial Invoice

		be complet	teu iii Eilgiis) I I .						1 4	ge oi	
EXPORTE	R:						Ship Date:					
Tax ID#:							08 Feb, 2016					
Contact Name: Sender Name							Air Waybill N	lo. / Tracking No.:				
Telephone No.: (123) 456-7890							00000000000					
E-Mail:							Invoice No.:		Purc	hase Order No.:		
ı	Namo/Addr	nee:										
Company Name/Address: Sender Company Name							Payment Terms: Bill			of Lading:		
Address Line 1							'			•		
Address Line 1							Purpose of Shipment:					
							Commercial					
Augstin TV	72201											
Austin TX 73301 Country: UNITED STATES OF AMERICA												
Parties to Transaction:												
Related X Non-Related												
								SOLD TO / IMPORTER (if different from Consignee):				
CONSIGNEE:							SOLD TO / IMPORTER (II different from consignee).					
Tax ID#:							Same as CONSIGNEE:					
Contact Name: Recipient Name												
Telephone No.: (123) 456-7890							Tax ID#:					
E-Mail:												
Company Name/Address:							Company Name/Address:					
Company Name Company Name												
Address Line 1							Company Name Address Line 1					
Address Line **TEST LABEL - DO NOT SHIP**							Address Line 1					
TEST LABEL - DO NOT SHIF												
Richmond BC V7C4V4							Richmond BC V7C4V4					
Country: CANADA							Country: CANADA					
		d broker for	this shinment	, please provid	le contact i	information	Touris, or					
	-	a broker for	uno ompinom	, picase provid	o oontaot			0	-4 N			
Name of Broker Tel. No.								Contact Name				
Duties and	Taxes Pay	able by	Exporter	Consigned	e U Otł	her If Other, p	lease specify					
No. of	No. of	Net Weight	Unit of		Docorin	otion of Goods		Harmonized	Country of	Unit	Total	
Packages	Units	(LBS / KGS)	Measure		Descrip	otion of Goods		Tariff Number	Manufacture	Value	Value	
1	4.00	1.00	EA	Books					US	100.000000	400.00	
T-4-1	Tet-1	Tatal No.	/ mall4-	T-4-1 C	/lm all a - 4 -	Torme		l	L			
Total	Total Units	Total Net	(Indicate LBS/KGS)	1	(Indicate	Terms of Sale:				Subtotal:	400.00	
Pkgs	UTIILS	Weight	LD3/NG3)	Weight L	BS/KGS)	Joi Sale.						
1 1	4.00	1.0	0 LB	20.00	LB					Insurance:	0.00	
Special Instructions:												
opeciai ilis	ti uctions.									Freight:	0.00	
1										- ··	0.00	
										Packing:	0.00	
Declaration Statement(s):										Handling	0.00	
										Handling:	0.00	
1										Other:		
											0.00	
 												
I declare that all the information contained in this invoice to be true and correct.										Invoice Total:	400.00	
Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual:											USD	
Sender N										Currency Code:		
											•	
Signature	/ Title / Date): 									08 Feb, 2016	
											DEV 04 40 42 4 00	