This invo	ice must	be complet	ed in English.							Page	of	
EXPORTER	₹:					Ship Dat	e:					
Tax ID#: Contact Name:						Air Wayh	oill No. / Tracking N					
Telephone No.:						7	,					
E-Mail:						Invoice N	No.:		Purchase Order No.:			
Company Name/Address:						Payment	Terms:					
						Purpose	Purpose of Shipment:					
Country:												
Parties to Transaction:												
Related Non-Related							O (if different from	Consigned)·			
CONSIGNEE: Tax ID#:						_ _		-	,,.			
Contact Name:						Sar	ne as CONSIGNEE	::				
Telephone No.:							Tax ID#:					
E-Mail:												
Company Name/Address:						Compan	y Name/Address:					
Country:						Country:						
If there is a designated broker for this shipment, please provide contact information.												
Name of Br					Tel. No.		Conta	act Name				
Duties and No. of	No. of	Unit of	Exporter C			ease specify	Harmonized	Country	Unit	T T	Total	
Packages	Units	Measure		Description	n of Goods		Tariff Number	of Origin	Value		Value	
Total No. o	of Package	l		Total Weight (In	udicate I BS or KGS):		1	1	Incoterms:			
Total No. of Packages: Total Weight (Indicate LBS or KGS): Special Instructions:												
Special ins	tructions:								Subtotal:			
									Insurance:			
Freight:												
									_			
Packing:												
Declaration	ı ətatemen	u(S):							Handling:			
									Other:			
I declare that all the information contained in this invoice to be true and correct.									Invoice Total:			
Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual:									Currency Code:			
Signature /	Title / Date	e:										

CONTINUATION SHEET

Page EXPORTER: Air Waybill No. / Tracking No. / Bill of Lading: Invoice No.: Purchase Order No.: Country: CONSIGNEE: SOLD TO (if different from Consignee): Country: Country: No. of Units Unit of Measure Harmonized Tariff Number Country of Origin No. of Unit Total Description of Goods Packages Value Value

SUBTOTAL FOR THIS PAGE: