				PAGE 01 OF 01	
NAME AND ADDRESS OF EXPORTER	U.S. CI	USTOMS CLEAR	CUSTOMER NO.		
				REFERENCE NO.	
				INVOICE DATE	
SHIP TO:	LOCAL CARRIER			NOTIFY:	
	EXPORTING	EXPORTING CARRIER			
IRS#	PORT OF EN	NTRY			
SOLD TO	ORIGIN (Co	untry/Province)	DESTINATION	ON (Country / State)	
	TERMS OF SALE * DELIVERY * PAYMENT, ETC. FOB: _PLANT _DESTINATION OR				
IRS#	CHGS TO:SH	HGS TO:SHIPPER consigneeother			
	PARTIES TO 1	O THE TRANSACTION ARE RELATED			
NOTES	COUNTRY OF ORIGIN:				
	DATE OF SALE:			CURRENCY OF SALE	
MARKS AND NUMBERS					
COUNTRY ORIG. *HS CODE DESCRIPTION GROSS W	<u>/EIGHT</u> <u>NET V</u>	VEIGHT QUAN	ITITY UN	IIT PRICE TOTAL	
				NOT SOLD, STATE	
TOTAL Freight Charges - \$ PREPAID INCL PREPAID & CHG COLLECT		YesNo REPAIR, PROCESSING, ETC.)			
Mode of Transportation From Point of Exit XX ROADRAILWATERAIROTHER	EXPORT PERMIT NO.				
I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE AND ON THE CONTINUATION SHEET(S) IF ANY, IS TRUE AND COMPLETE IN EVERY RESPECT. GIVE FIRM NAME AND ADDRESS IF DIFFERENT FROM EXPORTER BOX DATE:		PACKAGING OCEAN / INT'L DOMESTIC FRT INSURANCE	\$ \$ \$	MISC TRANS \$ COMMISSION \$ CONTAINER \$ ASSISTS \$	
Name of Preparer:			•	ή Ψ	
SIGNATURE: OWNER	_x_ AGENT	INVOICE TO	OTAL	\$	