



PROFORMA INVOICE/PACKING LIST

Sender: (Exhibitor Name)			Consignee: (Exhibitor Name)					License:	If Applicable				REMARKS (" X " each item) A: TEMPORARY IMPORT B: PERMANENT IMPORT C: GIVEN AWAY/SOLD	
Exhibiting Name			ONS 2016					Carnet:	If Applicable					
Exhibitor Address			Stavanger Forum, Siddis Hall					EORI #:	European Shipments					
State, City, Zip			Gunnar Warebergsgt. 13, Stavanger 4021 Norway					IRS#:						
Phone/Fax/Email			Hall/Stand					Pieces:						
			NOA: AGENT NAME & NUMBER					Weight:	0					
Total Pieces	Item No.	QTY	Description of Contents	Origin	Kilo	Dims (Inches) L x W x H		CBM	HTS	A	B	C	Item Value (\$)	Total Value (\$)
								0.00						-
								0.00						-
								0.00						-
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								0.00						-

CIF Total Value: _____ \$ _____ -

Authorized Signature: _____

Date: _____

The shipper hereby authorizes TWI and their agent, in his name and behalf, to prepare any export documentation, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the conditions of carriage. The values listed on this document represent fair-market value. These commodities, technology or software were exported from the United States in accordance with Export Administration Regulations. Diversion contrary to U.S. law prohibited.



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