

PRO FORMA INVOICE

Date: _____ Bill of Lading / Air Waybill #: _____ Invoice #: <u>N/A</u> Purchase Order #: <u>N/A</u> Terms of Sale (Incoterm): <u>N/A</u> Reason for Export: <u>For Scanning and Return to Shipper</u>	SHIPPER Tax ID / VAT # _____ Contact Name: _____ Company Name: _____ Company Address: _____ City: _____ State / Province: _____ Postal Code: _____ Country: _____ Phone #: _____ Email Address: _____
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SHIP TO Tax ID / VAT # <u>80-011845300</u> Contact Name: <u>Scan and Design (Model Reception)</u> Company Name: <u>NobelProcera Services Center Mahwah</u> Company Address: <u>800 Corporate Drive, Suite B</u> City: <u>Mahwah</u> State / Province: <u>New Jersey</u> Postal Code: <u>07430-2011</u> Country: <u>United States</u> Phone #: <u>1-201-529-7130</u> Email Address: <u>usfal.supportgroup@nobelbiocare.com</u>	SOLD TO: SAME AS SHIP TO
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Units #	Unit of measure	Description of Goods (Include Harmonized Tariff # if known)	Country of origin	Unit Value	Total Value
	EA	Dental Plaster Model and Accessories (Harmonized Tariff Code 6914.9000.00)		5.00	

Additional Comments: <p style="text-align: center;">GOODS WITH NON COMMERCIAL VALUE Parts will be returned to Shipper.</p>	Invoice Line Total: Discount / Rebate: Invoice Sub-Total: Freight Charges:	
Declaration Statement: <p style="text-align: center;">VALUE TO BE SHOWN FOR CUSTOMS PURPOSES ONLY !</p>	Insurance: Other (Specify Type): Invoice Total Amount: Currency Code: USD	
Shipper signature / Title: _____	Date: _____	Total # of Packages: Total Weight (indicate Lbs or Kgs): _____

Note: Please place this form on the outside of your parcel.