

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>847910122RT0001</u> Contact Name: <u>Incoming Department (Model Reception)</u> Company Name: <u>NobelProcera Innovation Centre Quebec / BioCad Medical Inc.</u> Company Address: <u>750 Parc Technologique blvd</u> _____ City: <u>Quebec City</u> State / Province: <u>Province of Quebec</u> Postal Code: <u>G1P 4S3</u> Country: <u>Canada</u> Phone #: <u>1-418-683-8435</u> Email Address: <u>npic.support@nobelbiocare.com</u>	SOLD TO: <h2 style="margin: 0;">SAME AS SHIP TO</h2>
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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)		10.00	

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: <u>CAD</u>	
Shipper signature / Title: _____	Date: _____	Total # of Packages: _____ Total Weight (indicate Lbs or Kgs): _____

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