

Invoice

Date: //201		Invoice			
Shipper Name:		Consignee Name:			
Contact Person:		Contact Person:			
Street Address:		Street Address:			
City:	Post code:	City:	Post code:		
Country:	Email Address:	Country:	Email Address:		
Telephone Number: +373	Fax Number:	Telephone Number:	Fax Number:		
AIRWAYBILL No:	Incoterms:	Number of PCS: 1	Total Physical Weight: KG		
Complete Commodity Description	HTS, Schedule B	Country of Manufacture	Quantity Unit of Measure, (SET/BTL/PCS)	Unit Price USD	Total Price USD
I/We hereby certify that the information of this invoice is true and correct and that the contents of this shipment are as stated above.		Subtotal (USD)			
		Freight Cost (USD)			
		Total Invoice Value (USD)			
		Reason for Export:, NOT FOR SALE OR RESALE, OF NO COMMERCIAL VALUE			
Signature and Title of Authorized.		Date: //201			