## Sheet1

OrderID*	Insurance Val Company	Contact Name Address 1* Address 2 A	ddress 3 City*
email1		JANE DARE 123 ACME LANE	MARRICKVIL
	1	JANE DARE 123 ACME LANE	MARRICKVIL
email2	1		
email3	10 ACME INC	JANE DARE 123 ACME LANE	MARRICKVIL
	1		
	1		
	1		

## Sheet1

State	Zip Code	Country Code Phone	e* Email	Unit Value (in	Courier*	Warehouse*
IL	99999	US (555)	555-55 JANE@EXAN	1	Self Pick Up	Geodis
IL	99999	US (555)	555-558 JANE@EXAN	1	Self Pick Up	Geodis
IL	99999	US (555)	555-55! JANE@EXAN	1	Self Pick Up	Geodis

## Sheet1

Quantity*		Item SKU*	Packaging Ite Tax ID	Unit Type	Shipment Dat Shipp	oing Cos Reason of Ex
	1	00511111	taxid12345	Base Item	2024-11-08 00	10 Gift
	1	123456-sku1	taxid12345	Base Item	2024-11-08 00	10 Gift
	1	123456-sku1	taxid12345	Base Item	2024-11-08 00	10 Gift

## Tax (Unit Valu Duty (Unit Value Currency)

10	10
10	10
10	10