

# Commercial Invoice

**This invoice must be completed in English.**

Page 1 of 1

|  |                    |                         |                           |  |                           |                           |                        |                       |             |
|--|--------------------|-------------------------|---------------------------|--|---------------------------|---------------------------|------------------------|-----------------------|-------------|
| <b>EXPORTER:</b><br><b>Tax ID#:</b><br><b>Contact Name:</b><br><b>Telephone No.:</b><br><b>E-Mail:</b><br><b>Company Name/Address:</b><br>GMATRIX<br>9240 MIKE GARCIA DR<br><br>MANASSAS VA 20109<br><b>Country:</b> UNITED STATES OF AMERICA<br><b>Parties to Transaction:</b><br><input type="checkbox"/> Related <input type="checkbox"/> Non-Related |                    |                         |                           | <b>Ship Date:</b><br>05 Dec, 2017<br><b>Air Waybill No. / Tracking No.:</b><br><br><b>Invoice No.:</b> _____ <b>Purchase Order No.:</b> _____<br><br><b>Payment Terms:</b> _____ <b>Bill of Lading:</b> _____<br><br><b>Purpose of Shipment:</b><br>Sample |                           |                           |                        |                       |             |
| <b>CONSIGNEE:</b><br><b>Tax ID#:</b><br><b>Contact Name:</b> FBA JING REN<br><b>Telephone No.:</b><br><b>E-Mail:</b><br><b>Company Name/Address:</b><br>FBA JING REN<br>8050 HERITAGE ROAD<br><br>BRAMPTON ON L6Y0C9<br><b>Country:</b> CANADA   |                    |                         |                           | <b>SOLD TO / IMPORTER (if different from Consignee):</b><br><input checked="" type="checkbox"/> Same as CONSIGNEE:<br><br><b>Tax ID#:</b><br><br><b>Company Name/Address:</b><br><br><br><b>Country:</b> CANADA  |                           |                           |                        |                       |             |
| If there is a designated broker for this shipment, please provide contact information.   |                    |                         |                           |  |                           |                           |                        |                       |             |
| <b>Name of Broker</b> _____  |                    |                         |                           | <b>Tel. No.</b> _____  |                           | <b>Contact Name</b> _____ |                        |                       |             |
| <b>Duties and Taxes Payable by</b> <input type="checkbox"/> Exporter <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other    If Other, please specify _____  |                    |                         |                           |  |                           |                           |                        |                       |             |
| No. of Packages  | No. of Units       | Net Weight (LBS / KGS)  | Unit of Measure           | Description of Goods   |                           | Harmonized Tariff Number  | Country of Manufacture | Unit Value            | Total Value |
| 1  | 200.00             | 0.00                    | UNIT                      | 200 Generic Remotes  |                           |                           | CN                     | 100.000000            | 20,000.00   |
|  |                    |                         |                           |  |                           |                           |                        |                       |             |
| <b>Total Pkgs</b>  | <b>Total Units</b> | <b>Total Net Weight</b> | <b>(Indicate LBS/KGS)</b> | <b>Total Gross Weight</b>  | <b>(Indicate LBS/KGS)</b> | <b>Terms of Sale:</b>     |                        | <b>Subtotal:</b>      | 20,000.00   |
| 1  | 200.00             |                         |                           | 0.00 lbs   |                           |                           |                        | <b>Insurance:</b>     | 0.00        |
| <b>Special Instructions:</b>   |                    |                         |                           |  |                           |                           |                        | <b>Freight:</b>       | 0.00        |
|  |                    |                         |                           |  |                           |                           |                        | <b>Packing:</b>       | 0.00        |
| <b>Declaration Statement(s):</b>   |                    |                         |                           |  |                           |                           |                        | <b>Handling:</b>      | 0.00        |
|  |                    |                         |                           |  |                           |                           |                        | <b>Other:</b>         | 0.00        |
| <b>I declare that all the information contained in this invoice to be true and correct.</b>  |                    |                         |                           |  |                           |                           |                        | <b>Invoice Total:</b> | 20,000.00   |
| <b>Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual:</b><br>GMATRIX   |                    |                         |                           |  |                           |                           |                        | <b>Currency Code:</b> | USD         |
| <b>Signature / Title / Date:</b> _____   |                    |                         |                           |  |                           |                           |                        |                       |             |