

## Pro Forma Invoice

Page 1 of 1

This invoice must be completed in English.

<b>EXPORTER:</b> <b>Tax ID#:</b> <b>Contact Name:</b> Santy <b>Telephone No.:</b> 9876543210 <b>E-Mail:</b> <b>Company Name/Address:</b> rShipper dszvd cxvdxvdfxc  Kota 324001 <b>Country:</b> INDIA <b>Parties to Transaction:</b> <input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related				<b>Ship Date:</b> 03 Jul, 2017 <b>Air Waybill No. / Tracking No.:</b> 000000000000 <b>Invoice No.:</b> <span style="float: right;"><b>Purchase Order No.:</b></span>  <b>Payment Terms:</b> <span style="float: right;"><b>Bill of Lading:</b></span>  <b>Purpose of Shipment:</b> REPAIR_AND_RETURN				
<b>CONSIGNEE:</b> <b>Tax ID#:</b> <b>Contact Name:</b> Pandey <b>Telephone No.:</b> 9876543210 <b>E-Mail:</b> <b>Company Name/Address:</b> Shipper fdg gfdgfd fdgdfg gbfgbf **TEST LABEL - DO NOT SHIP**  Mumbai 400069 <b>Country:</b> INDIA				<b>SOLD TO / IMPORTER (if different from Consignee):</b> <input checked="" type="checkbox"/> Same as CONSIGNEE:  <b>Tax ID#:</b>  <b>Company Name/Address:</b>  <b>Country:</b> INDIA				
If there is a designated broker for this shipment, please provide contact information. <b>Name of Broker</b> <span style="float: right;"><b>Tel. No.</b> <b>Contact Name</b></span> <b>Duties and Taxes Payable by</b> <input checked="" type="checkbox"/> Exporter <input type="checkbox"/> Consignee <input type="checkbox"/> Other <span style="float: right;">If Other, please specify</span>								
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	1.00	0.50	EA	Book & Pen		IN	1,000.000000	1,000.00
<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>Subtotal:</b>		1,000.00
1	1.00	0.50	KG	0.50	KG	<b>Insurance:</b>		0.00
<b>Special Instructions:</b> Amount in words: Rupees One Thousand only							<b>Freight:</b>	0.00
<b>Declaration Statement(s):</b>							<b>Packing:</b>	0.00
							<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>	1,000.00
<b>Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual:</b> Santy							<b>Currency Code:</b>	INR
<b>Signature / Title / Date:</b>								03 Jul, 2017



ORIGIN ID:KTUA 9876543210  
Sany  
rShipper  
dszvd cxvdxvdfxc  
Kota DE 324001  
INDIA, IN

Ship Date: 03.JUL.17  
ActWgt: 0.50 KG  
CAD: 100281503/WSX13100  
Dims: 1x1x1 CM  
BILL SENDER  
EIN/VAT:

TO Pandey

9876543210

Shipper  
fdg gfdgfd fdgdfg gbfgbf  
\*\*TEST LABEL - DO NOT SHIP\*\*  
Mumbai, BO 400069

FedEx®  
Express

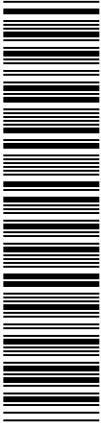


J171117021401uv

(IN)

00 BOMCL

RES  
PKG TYPE: CUSTOMER



TRK# 7946 0344 1308

Form  
0467

PRIORITY OVERNIGHT

REF:  
DESC1:Book & Pen  
DESC3:  
DESC4:  
Shipper VAT/CST/TIN:  
Recipient VAT/CST/TIN:  
INVOICE VALUE: 1000.00 INR

After printing this label:  
FEDEX AWB COPY - PLEASE PLACE BEHIND CONSIGNEE COPY  
1. Fold the printed page along the horizontal line.  
2. Place label in shipping pouch and affix it to your shipment.

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Sany  
rShipper  
dszvd cxvdxvdfxc  
Kota DE 324001  
INDIA, IN

Ship Date: 03.JUL.17  
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Dims: 1x1x1 CM  
BILL SENDER  
EIN/VAT:

TO Pandey

9876543210

Shipper

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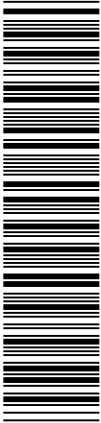
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