1711 2017-03-03 22:19:59

Pro Forma Invoice

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EXPORTE	R:						Ship Date:				
Tax ID#:							03 Jul, 201				
Contact Name: Santy							000000000	lo. / Tracking No.:			
Telephone No.: 9876543210 E-Mail:										chase Order No.:	
	Name/Addr	ess:									
Company Name/Address: rShipper							Payment Terms: Bill o			of Lading:	
dszyd cxydxydfxc							D				
							Purpose of Shipment: REPAIR_AND_RETURN				
Kota 324	1001						111217111127				
Country:											
Parties to Transaction:											
Re	lated		X Non-Rela	ited							
CONSIGNEE:							SOLD TO / IMPORTER (if different from Consignee):				
Tax ID#:							X Same as CONSIGNEE:				
Contact Name: Pandey											
Telephone No.: 9876543210							Tax ID#:				
E-Mail: Company Name/Address:							Company Name/Address				
Company Name/Address: Shipper							Company Name/Address:				
fdg gfdgfd fdgdfg gbfgbf											
TEST LABEL - DO NOT SHIP											
M											
Mumbai 400069 Country: INDIA							Country: INDIA				
		d broker for	this shipment	, please provi	de contact i	information.	- Country				
If there is a designated broker for this shipment, please provide contact information. Name of Broker Tel. No.							Contact Name				
Duties and	l Taxes Pay	able by	Exporter [Consigne	e Oth	ner If Other, p	lease specify				
No. of	No. of	Net Weight	Unit of					Harmonized	Country of	Unit	Total
Packages	Units	(LBS / KGS)	Measure		Descrip	otion of Goods		Tariff Number	Manufacture	Value	Value
1	1.00	0.50	EA	Book & Pe	en				IN	1,000.000000	1,000.00
Total Pkgs	Total Units	Total Net Weight	(Indicate LBS/KGS)	Total Gross Weight	(Indicate LBS/KGS)	Terms of Sale:			<u>I</u>	Subtotal:	1,000.00
1	1.00	0.5	0 KG	0.50	KG	1				Insurance:	0.00
Special Ins	tructions:	<u>I</u> Amount in w	ords: Rupees	I One Thousa	nd only					Freight:	0.00
										Packing:	0.00
Declaration	n Statemen	t(s):							Handling:	0.00	
										Other:	3.00
										Other.	0.00
I declare that all the information contained in this invoice to be true and correct.								Invo			1,000.00
Originator or Name of Company Representative if the invoice is being completed on behalf of a company or indiv Santy										Currency Code:	INR
											20 1 1 5
Signature	/ Title / Date	9:									03 Jul, 2017

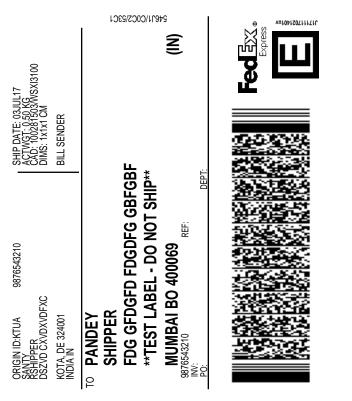
SERVE EXPRESS STANDAY SOURCE STANDAY SOURCE STANDAY COMPAN ESTANDAY COMPAN EST

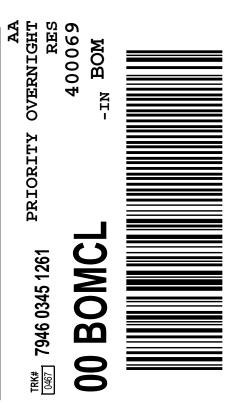
2. Place label in shipping pouch and affix it to your shipment.

1. Fold the printed page along the horizontal line.

CONSIGNEE COPY - PLEASE PLACE IN FRONT OF POUCH

After printing this label:





After printing this label:
TEDEX 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.

9876543210

2

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

Dims: 1x1x1 CM BILL SENDER EINVAT: RES PKG TYPE: CUSTOMER

> Form 0467

PRIORITY OVERNIGHT

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

Ship Date: 03JUL17 ActWgt: 0.50 KG CAD: 100281503/WSXI3100

ORIGIN ID:KTUA 9876543210 Santy rShipper dszvd cxvdxvdfxc

Kota, DE 324001 INDIA, IN After printing this label:
TEDEX 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.

9876543210

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