

Pro Forma Invoice

Page 1 of 1

This invoice must be completed in English.

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

SHIP DATE: 03JUL17
ACTWGT: 0.50 KG
CAD: 100281503WSX13100
DIMS: 1x1x1 CM
BILL SENDER

TO **PANDEY**
SHIPPER

EDGE ENGINEERING

****TEST 1 ABE/ DO NOT CHD****

MUMBAI BO 400069

9876543210 REF:

DEPT:



FedEx®
Express



AA

PRIORITY

7946 0344 4351

0467

400069

BOM

(This area is intentionally left blank for additional notes or calculations.)

After printing this label:

N FRONT OF POUCH

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

[illegible]

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 qfdgfd fdgdfg gbfgbf
TEST LABEL - DO NOT SHIP
Mumbai, BO 400069



J171117021401uv



00 BOMCL

RES
PKG TYPE: CUSTOMER

TRK# 7946 0344 4351

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

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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



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TRK# 7946 0344 4351

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BILL SENDER
EIN/VAT:

TO Pandey

9876543210

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



J171117021401uv



00 BOMCL

RES
PKG TYPE: CUSTOMER

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