Version:clsd 2340 2023-07-26

Commercial Invoice

		ne comple	eu iii Engiis) i i.							i age	01	
EXPORTER:								Ship Date:					
Tax ID#:								Air Waybill No. / Tracking No.:					
Contact Name:							Air Waydiii No. / Tracking No.:						
Telephone No.: E-Mail:								Invoice No.: Pure					
Company Name/Address:							Payment Terms: Bill			of Lading:			
									Dill.	or Lauring.			
								Purpose of Shipment:					
Country/Territory: Parties to Transaction:													
Related X Non-Related													
CONSIGNEE:								SOLD TO / IMPORTER (if different from Consignee):					
Tax ID#:								X Same as CONSIGNEE:					
Contact Name:													
Telephone No.: E-Mail:								Tax ID#:					
Company Name/Address:								Company Name/Address:					
City NY 8785 Country/Territory:								Country/Territory:					
		d broker for	this shipment	, please provi	ide contact i	information.	Country/Ten	ntory.					
If there is a designated broker for this shipment, please provide contact information. Name of Broker Tel. No.								Conta	ct Name .				
Duties and	Taxes Pay	able by	Exporter [Consigne	e Oth	her If Other,	please specify						
No. of	No. of	Net Weight	Unit of		Descrip	otion of Goods		Harmonized	Country/	Unit		Total	
Packages	Units	(LBS / KGS)	Measure PCS					Tariff Number	Terr. of MFR US	Value		Value	
			PCS						US				
			100						00				
Total Pkgs	Total Units	Total Net Weight	(Indicate LBS/KGS)	Total Gross Weight	(Indicate LBS/KGS)	Terms DDP of Sale:				Subtotal:			
1 kgs	Onits	Weight	LBO/ROO)	weight	LB3/RG3)	-				Insurance:		0.00	
Special Instructions:													
										Freight:		0.00	
Declaration Statement(s):										Packing:		0.00	
peciaratio	ı Statemeni	ເ(ຮ):								Handling:		0.00	
										Other:		0.00	
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:										Currency Code:		USD	
										January Soute.			
Signature	/ Title / Date) :									D.F.		