

SENT BY:

Name:

Address:

City/Postal Code:

Country:

Tel./Fax. No:

**COMMERCIAL
INVOICE**

No:

SENT TO:

Name:

Attn.:

Address:

City/Postal Code:

Country:

Tel./Fax. No:

AIRBILL No:

Date:

Number of Pieces:

Total Gross Weight:

Total Net Weight:

CARRIER:

Full description of goods	Custom Commodity Code	Country of Origin	Qty	Unit Value and Currency	Sub Total Value and Currency
					Total Value and Currency

REASON FOR EXPORT:

TERMS OF DELIVERY:

IF IT REGARDS:

The exporter of the product covered by this document (custom authorization No:)
declares that, except where otherwise clearly indicated, these products are of
preferential origin.

Name:

Signature:

Place and date:

ORIGINAL