

Sender					C	omme	rcial In	voice	
Phone Nr.:					Date		Waybill Numb		
Tax ID/VAT No.:		Fax:			Evno	rter ID:			
EORI:		Email:				rter Code:			
EORI.					Expo	rter Code.			
Receiver					INN:	nk Details	OGRI		
					KPP:		OKPC):	
Phone Nr.: Tax ID/VAT No.: EORI:		Fax: Email:							
Billed to					Shipment Reference: Receiver Reference:				
					Otl	ner Remai	ks:		
Phone Nr.: Tax ID/VAT no:		Fax:							
Full Description of Goods		Commodity Code	Qty	Unit Valu	ıe	Sub-total Value	Net Weight	Gross Weight	Country of Origin
Total Goods Value: Total line items:	0				t Weight: oss Weight:				
Number of pallets:	0				· ·				
Total units:	٠			Terms of Pa		ıt:			
Reason for Export:	Personal, Not for Resale Payer of GS				• *************************************				
Type of Export:	· · · · · · · · · · · · · · · · · · ·				acct:Receiver Will Pay				
Terms of Trade:	•				edimento: No				
Other charges:	0.00 Duty/tax bil				ing service:				
Freight cost (if paid by sender):	0.00 Carrier:			Carrier:					
Insurance cost (if paid by sender):				Ultimate Co	onsignee:				
Total Invoice Amount:	0.00 Exemption				Citatio	n:			

I/We hereby certify that the information contained in the invoice is true and correct and that the contents of this shipment are as stated above.

Name:	Signature:	Company Stamp:
Position:		
Date of signature:		