XXXXXXX

COMPANY NAME

9513 XX Road, XX City, KY 40242, USA

COMPANY ADDRESS

COMMERCIAL INVOICE

INTERNATIONAL AIR WAYBILL NO.

(NOTE: All shipments must be accompanied by a Federal Express International Air Waybill.)

DATE OF EXPORTATION
16.02.2015

EXPORT REFERENCES (i.e., order no., invoice no.)

SHIPPER/EXPORTER (complete name and address)
XX. XXXXXX DMD
9513 XXRoad, XX City, KY 40242,
USA
Telefon:+1 xxxxxxxxx
FedEx Account No. xxxxxxxxxxxx
Tax-ID: xxxxxxxxxxxxx

CONSIGNEE (complete name and address)
NATURAL ESTHETICS
Wachsbleiche 15
87629 Fuessen, Germany
Phone: + 49 . 8362 . 921 223
FedEx Account No. 368 554 251
Tax-ID: DE- 128 266 952

COUNTRY OF EXPORT
USA

COUNTRY OF MANUFACTURE
USA

COUNTRY OF ULTIMATE DESTINATION
Germany

IMPORTER — IF OTHER THAN CONSIGNEE (complete name and address)
as above

MARKS/NOS.	NO. OF PKGS.	TYPE OF PACKAGING	FULL DESCRIPTION OF GOODS	QTY.	UNIT OF MEASURE	WEIGHT	UNIT VALUE	TOTAL VALUE
1 of 1	1	Box	Dental Molds	4	kg	150 g	5.00 $	20.00 $

TOTAL NO. OF PKGS.	TOTAL WEIGHT	TOTAL INVOICE VALUE
1	600g	20.00&

SEE REVERSE SIDE FOR HELP WITH THE ABOVE SECTION

Check one
☐ F.O.B.
☐ C & F
☒ C.I.F.

FOR U.S. EXPORT ONLY: THESE COMMODITIES, TECHNOLOGY, OR SOFTWARE WERE EXPORTED FROM THE UNITED STATES IN ACCORDANCE WITH THE EXPORT ADMINISTRATION REGULATIONS. DIVERSION CONTRARY TO UNITED STATES LAW IS PROHIBITED.

I DECLARE ALL THE INFORMATION CONTAINED IN THIS INVOICE TO BE TRUE AND CORRECT.

SIGNATURE OF SHIPPER/EXPORTER (Type name and title and sign.)

DATE