

INVOICE - DECLARATION BY FOREIGN SHIPPER page of Invoice:

EXPORTER/SHIPPER		FILER : DSV PAPS#:								
		COMMENTS:								
Account:										
Phone:	Inv Nbr:			Ref:			Total Price	:		
Fax:	Bill of Landing: Port City: Port Code						Port Code:			
Taxid:	Date of Arrival:				Tin	ime of Arrival:				
FDA Registration	SCAC Desc.: SCAC Code: SCN:									
Firm Type:										
CONSIGNEE/SH	TERMS OF	SALE	- DELIV	ERY - P	AYM	ENT				
	Prices Shown in column "Total Prices" INCLUDE: BROKERAGE U.S. DUTY/MPF FREIGHT ADD/CVD						VD			
Phone:		Discount (Specify Type/Amount):								
Fax:		Other Discounts Additions: Duties/Brokerage Charges to be paid by:								
Taxid:							by:	for the Accou	int of:	
		Shipper		Consigne	ее в	Buyer		TOT THE ACCOU	JIII 01.	
BUYER Buyer related to	FREIGHT II Freight rate:	NFORM					Point of Exit	::		
		In bond shipr				ΙE		TE		NO BOND
		Freight Charges: PREPAID (Included) PREPAID (not Included) C						COLLECT		
		COMMENTS	5:							
Phone:										
Fax:										
Taxid:						1				
1: Country of origin 2: Marks and numbers	per and/or FDA CODE and/orPrior Notice Number					ACTL	Jal Manufact	URER	UNIT PRICE	
3: Rail car & Initials		WEIGHT NUMBER of PKGS								TOTAL PRICE
4: Truck car number 5: Cash # and End Use	F GOODS (55 character limit) and PRODUCT #									
6: Manufacturer Id										
1:										\$
2: 3: 4: 5:								\$		
4: 5:										
6:										
TARIFF CODE/COUNTRY CODE SUMMARIES										
Country of Origin Tariff		Code Unit o		Jnit of Meas	f Measure		Quantity		Total Price	

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ON THIS SHEET AND ON THE CONTINUATION SHEET(S), IF ANY, IS TRUE AND COMPLETE IN EVERY RESPECT	GIVE FIRM NAME AND ADDRESS IF DIFFERENT FROM EXPORTER BOX ABOVE.
	DATE:STATUS
NAME OF RESPONSIBLE EMPLOYEE OF EXPORTER:	
	SIGNATURE:
	OWNER AGENT