SERVICE SHIPPING INC.

NAME OF SELLER: _____

ADDRESS: _____

_____

_____

_____

_____

TELEPHONE: _____

FAX: _____

NAME OF BUYER:

COMBINED COMMERCIAL INVOICE & PACKING LIST

SERVICE SHIPPING
Expediting Your Success

IMPORT STATUS:
PERMANENT: _____
TEMPORARY: _____

PAGE _____ OF _____

CASE NO.	DIMENSIONS IN INCHES	GROSS WEIGHT IN KGS.	DESCRIPTION OF GOODS (IN ENGLISH)	QUANTITY	CIF VALUE (US $)	
					UNIT VALUE	TOTAL VALUE
					TOTAL:	

The invoiced goods are of _____ origin. We certify that the information given above is true and correct.