|  |
| --- |
| **Commercial Invoice** |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Export: | | | | | Export References (i.e. order no., invoice no., etc): | | | | | | |
| Shipper/Exporter (complete name and address): | | | | | Recipient (complete name and address):  Felipe Ceballos Torres  Dental.Mx.Lab  105 azucarera St.  Guadalupe Victoria Colony.  Tampico, Tamaulipas Mexico 89080 | | | | | | |
| Country of export: | | | | | Importer - if other than recipient (complete name and address): | | | | | | |
| Country of manufacture: | | | | |
| Country of ultimate destination:  MEXICO | | | | |
| Federal Express International Air Waybill Number: | | | | | Currency: | | | | | | |
| Marks/Nos | No. of pkgs | Type of packaging | Full Description of goods | | Qty | Units of measure | Weight | | Unit value | | Total Value |
|  |  |  |  | |  |  |  | |  | |  |
| Tota No. Of Packages | | | | Total Weight | | | | Total Invoice Value | | | |
|  | | | |  | | | |  | | | |
| |  |  | | --- | --- | | 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:   \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | Check One  Principio del formulario  FOB C&F CIF  Final del formulario | |