## COMMERCIAL INVOICE/PACKING LIST

Page

Date:

of

Consignee:



Name & Address of Shipper

value.

|  |                                |                            |   | Exhibitor: Stand:                                   |                              |                 |                     |  | Licens | e:      |          |            |                               |       |        |
|--|--------------------------------|----------------------------|---|---|------------------------------|-----------------|---------------------|--|--------|---------|----------|------------|-------------------------------|-------|--------|
|  |                                |                            |   |   |                              |                 |                     |  |        | Shippe  | er's EIN | #:         |                               |       |        |
|  |                                |                            |   |   |                              |                 |                     |  |        | Total F | Pieces:  |            |                               |       |        |
|  |                                |                            |   |   |                              |                 |                     |  |        | Total \ | Weight:  |            |                               | kilos |        |
|  |                                |                            |   |   |                              |                 |                     |  |        |         | / x      | <i>/</i> \ |                               |       |        |
| Case #   | Item#                          | Quantity                   | Description of Contents   |   | Net<br>Weight<br>(Kg)        | Weight<br>(Kgs) | Dims (cm<br>L x W x |  | СВМ    |         |          | S Q        | Value per Item (\$) Total Val |       | ∋ (\$) |
|  |                                |                            |   |   |                              |                 |                     |  |        |         |          |            |                               |       |        |
|  |                                |                            |   |   |                              |                 |                     |  |        |         |          |            |                               |       |        |
|  |                                |                            |   |   |                              |                 |                     |  |        |         |          |            |                               |       |        |
|  |                                |                            |   |   |                              |                 |                     |  |        |         |          |            |                               |       |        |
|  |                                |                            |   |   |                              |                 |                     |  |        |         |          |            |                               |       |        |
|  |                                |                            |   |   |                              |                 |                     |  |        |         |          |            |                               |       |        |
|  |                                |                            |   |   |                              |                 |                     |  |        |         |          |            |                               |       |        |
|  |                                |                            |   |   |                              |                 |                     |  |        |         |          |            |                               |       |        |
|  |                                |                            |   |   |                              |                 |                     |  |        |         |          |            |                               |       |        |
|  |                                |                            |   |   |                              |                 |                     |  |        |         |          |            |                               |       |        |
| The shipper hereby certifies that the above referenced goods are of origin and are for (TEMPORARY or PERMANENT) import for the purposes of this exhibition. Shipper authorizes St.Avenue Logistic and their agent, in his name and behalf, to prepare any export documentation, to sign and accept any |                                |                            |   |   |                              |                 |                     |  |        |         |          | UE:        |                               | \$    | -      |
| documen  | iibition. Sh<br>ts relating to | ipper author<br>said shipm | nzes St.Avenue Logistic and their agent, in his name and benair, to prepare an<br>Hent and forward this shipment in accordance with the conditions of carriage.     1 | iy export documentatio<br>The values listed on this | າາ, ເວ sign an<br>s document | represent fa    | iy<br>air market    |  | Autho  | orized  | Signati  | ure:       |                               |       |        |