

Foodstuff Commercial Invoice

Shipper:

Complete Company Name & Address/ Contact Name/Tel., Fax. , E-mail, FDA Facility Registration (if available)

Ultimate consignee:

Complete Company Name & Address/ Contact Name/Tel., Fax. , E-mail, FDA Facility Registration (if available)

Manufacturer Name & Address (if different from shipper) :

Complete Company Name & Address /Contact Name/Tel., Fax., E-mail, FDA Facility Registration

Importer of Record (if different from consignee) :

Complete Company Name & Address /Contact Name/Tel., Fax., E-mail, FDA Facility Registration

IRS number : _____

Number of Cartons	Itemized Detailed Description of Food Product(s) Including: Common /Usual / Market Name, Trade/Brand Name, Primary ingredient, Intended Use, FDA, Product Code(Optional),	Qty	Units of Measure	Unit Value (USD)	Subtotal (USD)
Total Pieces	All products are the Growth/Product of, and/or Manufactured in: Total Gross Kg. Weight: Total Net Kg. Weight:				

Reason for Export: _____

Total \$ Value: _____

I/We hereby Certify that the information is true and correct and the contents of this shipment are as stated above.

Signature: _____

Date of Export: _____

Title: _____

DHL Air Waybill : _____