Commercial Invoice

Date of Export:					Export References (i.e. order no., invoice no., etc):				
S hipper/E xporter (complete name and address):					R ecipient (complete name and address): Vichest C. Suthikul Excel Dental Lab Co., Ltd. 83 Soi Pracharatbamphen 18 Huaykwang Bangkok 10320 THAILAND				
Country of export:					Importer - if other than recipient (complete name and address):				
Country of manufacture:									
Country of ultimate destination: THAILAND									
Federal Express International Air Waybill Number:					Currency:				
Marks/Nos	No. of pkgs	Type of packaging	Fu ll Description of goods	Qty	Units of measure	Weight	Unit value	Total Value	
	Total No. of Pkgs					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 FOB C&F CIF	