

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): Ben Diskavin 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	Full 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							Check One <input type="checkbox"/> FOB <input type="checkbox"/> C&F <input type="checkbox"/> CIF	
Signature of shipper/exporter (type name and title and sign) Date: _____								