IMPORTANT: Please position this form on the top of your letterhead and copy to produce a personalized form

	Р	RO – FORMA IN	VOICE				
CONSIGNEE (Complete name and address)		DATE	DATE				
		EXPORT I	REFERENCE 2.				
		OTHER	OTHER REMARKS 3.				
ATTENTION	First Name Last Na	me Sender					
TEL					+49-40-73445660 : +49-40-734456699		
FAX			22529 Hamburg Germany				
NB of Packaging	DETAILED DESCRIPTION	OF GOODS	COUNTRY OF ORIGIN (or) MANUFATURE	QTY	UNIT VALUE	SUBTOTAL	
				6.	6.		
			5.				
	4.						
TOTAL PACKAGES	REASON FOR EXPORT				TOTAL WEIGHT	TOTAL VALUE	
We hereby ce above.	rtify that the information on t	his invoice is true and	that contents of this	shipn	nent are as	stated	
		T.T. F					