

## Foodstuff Commercial Invoice

**Shipper:**

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

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**Ultimate consignee:**

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

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Manufacturer Name & Address (if different from shipper) :

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

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**Importer of Record (if different from consignee) :**

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

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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)
<b>Total Pieces</b>	<b>All products are the Growth/Product of, and/or Manufactured in:</b> <b>Total Gross Kg. Weight:                      Total Net Kg. Weight:</b>				

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 : \_\_\_\_\_