

# COMMERCIAL INVOICE

(Please complete in English print)

INTERNATIONAL AIR WAYBILL NO.

(NOTE: All shipments must be accompanied by a FedEx International Air Waybill & two duplicate copies of CI.)

<b>DATE OF EXPORTATION</b> 2023/12/11	<b>SHIPPER'S EXPORT REFERENCES</b> (i.e., order no., invoice no.) MM1186175
<b>SHIPPER / EXPORTER</b> (complete name, address, telephone, Business Registration No./ Customs / Tax ID No. e.g. GST / RFC / VAT / IN / EIN / ABN / SSN, or as locally required )  311 International Trade Pkwy Ship8 Inc Port Wentworth GA - 31407 US	<b>CONSIGNEE</b> (complete name, address, telephone, Business Registration No./ Customs / Tax ID No. e.g. GST / RFC / VAT / IN / EIN / ABN / SSN, or as locally required)  Matthias Kuenzle CHEMIN DU CHALET PRA-ROMAN 4B LAUSANNE, VD 1000
<b>COUNTRY OF EXPORT</b> US	<b>IMPORTER - IF OTHER THAN CONSIGNEE</b> (complete name, address and telephone)  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<b>REASON FOR EXPORT</b> (e.g. personal gift, return for repair)	
<b>COUNTRY OF ULTIMATE DESTINATION</b> CH	

COUNTRY OF ORIGIN	MARKS/ NO'S.	NO. OF PKGS	TYPE OF PACKAGING	FULL DESCRIPTION OF GOODS	HS CODE	QTY.	UNIT OF MEASURE	WEIGHT lb	UNIT VALUE USD	TOTAL VALUE	
China		1	Carton	Description: Not Applicable - Item #SQU-112863(SQU-112863) Mini Squishable Plague Doctor (7") (24.0000pcs per Carton, total ship 1 Carton) Material Composition: N/A	9503.00.0090	1	EA	0.500440	29.00	29.00	
China		1	Carton	Description: Not Applicable - Item #SQU-114034(SQU-114034) Mini Squishable Plague Nurse (24.0000pcs per Carton, total ship 1 Carton) Material Composition: N/A	9503.00.0090	1	EA	0.542142	29.00	29.00	
China		1	Carton	Description: Not Applicable - Item #SQU-121735(SQU-121735) Mini Squishable Tie Dye Reaper (30.0000pcs per Carton, total ship 1 Carton) Material Composition: N/A	9503.00.0090	1	EA	0.467076	26.00	26.00	
		<b>TOTAL PKGS</b>						<b>TOTAL WEIGHT</b>	<b>CURRENCY</b>	<b>TOTAL INVOICE VALUE</b>	
		3						1.51	84.00	84.00	

<b>Payment Method</b> <input type="checkbox"/> L/C <input type="checkbox"/> T/T <input type="checkbox"/> Others Check if applicable	<b>Check one</b> <input type="checkbox"/> F.O.B. <input type="checkbox"/> C & F <input type="checkbox"/> C.I.F.
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**I DECLARE ALL THE INFORMATION CONTAINED IN THE INVOICE TO BE TRUE AND CORRECT.**

**SIGNATURE OF SHIPPER/EXPORTER**

NAME (PLEASE PRINT)

TITLE (PLEASE PRINT)

DATE