

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.)

DATE OF EXPORTATION 2024/2/13	SHIPPER'S EXPORT REFERENCES (i.e., order no., invoice no.) MM1217391
SHIPPER / EXPORTER (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	CONSIGNEE (complete name, address, telephone, Business Registration No./ Customs / Tax ID No. e.g. GST / RFC / VAT / IN / EIN / ABN / SSN, or as locally required) Taylor Bear 7150 MATCHETTE ROAD LASALLE, ON N9J2S3
COUNTRY OF EXPORT US	IMPORTER - IF OTHER THAN CONSIGNEE (complete name, address and telephone)
REASON FOR EXPORT (e.g. personal gift, return for repair)	
COUNTRY OF ULTIMATE DESTINATION CA	

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-122480(SQU-122480) Mini Squishable Haunted Doctor Plague (24.0000pcs per Carton, total ship 1 Carton) Material Composition: N/A	9503.00.0090	1	EA	0.667253	32.00	32.00	
China		1	Carton	Description: Not Applicable - Item #SQU-122497(SQU-122497) Mini Squishable Haunted Plague Nurse (24.0000pcs per Carton, total ship 1 Carton) Material Composition: N/A	9503.00.0090	1	EA	0.708957	32.00	32.00	
		TOTAL PKGS						TOTAL WEIGHT	CURRENCY	TOTAL INVOICE VALUE	
		2						1.38	64.00	64.00	

Duties and Taxes Payable by:

Exporter

Consignee

Terms of Sale <input checked="" type="checkbox"/> Pre-paid <input type="checkbox"/> T/T <input type="checkbox"/> Others Check if applicable	Check one <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

Jonah Panitz

NAME (PLEASE PRINT)

TITLE (PLEASE PRINT)

DATE