This invo	ice must l	be complet	ed in Engli	sh.		PAC	KING LIST	Page	of	
EXPORTER:							Ship Date:	-		
Tax ID#:										
Contact Na	ame:						Al-West III No (Teasting No			
Telephone No.:							Air Waybill No. / Tracking No.			
E-Mail:										
Company Name/Address:							Invoice No.:	Purchase Order No.:		
Company Name/Address.										
							Payment Terms	Dill of Lodings		
							Payment Terms:	Bill of Lading:		
							Package Type:			
Country:										
CONSIGNEE:							Charles Instructions			
							Special Instructions:			
Tax ID#:										
Contact Name:										
Telephone No.:										
E-Mail:										
Company Name/Address:										
C										
Country:									T -	
No. of	No. of	Net Weight	Unit of				Description of Goods (Part #, Serial #, etc.)		Country of	
Packages	Units	(LBS/KGS)	Measure						Manufacturer	
									1	
				1						
		_				Г				
Total	Total	Total Net	(Indicate LBS/KGS)	Total Gross	(Indicate LBS/KGS)					
Pkgs	Units	Weight	LD3/NG3)	Weight	LD3/NG3)					
				1						
I de ale : - 1	I declare that all the information contained in this packing list to be true and correct.									
							chalf of a company or individual.			
Originator or Name of Company Representative if the packing list is being completed on behalf of a company or individual:										
Signature / Title / Date:										

PACKING LIST CONTINUATION SHEET

This invoice must be completed in English. Page of EXPORTER: Ship Date: Tax ID#: Contact Name: Air Waybill No. / Tracking No. Telephone No.: E-Mail: Purchase Order No.: Invoice No.: Company Name/Address: Payment Terms: Bill of Lading: Package Type: Country: CONSIGNEE: Special Instructions: Tax ID#: Contact Name: Telephone No.: E-Mail: Company Name/Address: Country: No. of No. of Net Weight Unit of Country of Description of Goods (Part #, Serial #, etc.) Packages Units (LBS / KGS) Measure Manufacturer