

This Packing List must be completed in English.

PACKING LIST

Page _____ of _____

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

Total Pkgs	Total Units	Total Net Weight	(Indicate LBS/KGS)	Total Gross Weight	(Indicate LBS/KGS)

I declare that all the information contained in this packing list to be true and correct.

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

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Page _____ of _____

EXPORTER: Tax ID#: Contact Name: Telephone No.: E-Mail: Company Name/Address: Country/Territory:				Ship Date: Air Waybill No. / Tracking No. Invoice No.: Purchase Order No.: Payment Terms: Bill of Lading: Package Type:		
CONSIGNEE: Tax ID#: Contact Name: Telephone No.: E-Mail: Company Name/Address: Country/Territory:				Special Instructions:		
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