Importer's Information
Name:
Contact Person
Address
State, Country, Province
Phone
Email

Shipper's Information
Name
Address
City, State
Phone
Email

PACKING LIST

Date: _____

PACKING	PRODUCT	QTY	LBS	Expiration		Unit Price	Total Price
	Total PCs **(MUST MATCH INSPECTOR'S)**						

F.O.B. in US$
Freight
Insurance
Total C.I.F.