Date:			COMMERCIAL INVOICE						Page: 1/1	
Shippers Re	ef. Number:				] [					
Exporter / Shipper / Seller					]					_
Name:	Name:					METMINE FREIGHT SYSTEMS				
Address:								, , i L		
City/State:							Pleas	e Place Pro	o-Label In This I	Зох
Phone:										
IRS#:					Customs Bro	oker:				
Consignee					Buyer (If other than consignee)					
Name:						Name:				
Address:						Address:				
City/State:						City/State:				
Phone:						Phone:				
IRS#:						IRS#:				
	Freigh	nt Charge	e Terms:				Ter	ms of Sale-	Delivery-Payme	nt
Pre-Paid Colle		Collect	Third Party			FOB Plant C&F/CIF Dest. Other				
Shipping Weight:				Duties & Brokerage For						
					ŀ					
Currency of \	/alue:					Shipper	-incl. [	Shipper	-excl. 🔄 Buyer	Consignee
Currency of V Country o Origin		ff		Commodity Des	cripti		-incl. [	Shipper	-excl. Buyer	Total Price
Country o	of	ff		Commodity Des	cripti		-incl. [			
Country o	of	if		Commodity Des	cripti		-incl. [			
Country o	of	if		Commodity Dese	cripti		-incl. [			
Country o	of			Commodity Dese	cripti		-incl. [			
Country o	of			Commodity Des	cripti		-incl. [			
Country o	of			Commodity Des	cripti		-incl. [			
Country o	of			Commodity Des	cripti		-incl. [			
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Country o	of			Commodity Des	cripti		-incl. [			
Country o	of			Commodity Desc			-incl. [			
Country o	of			Commodity Desc	cripti		-incl. [			
Country o	of			Commodity Desc			-incl. [		Unit Price	

onipper a Decidiation							
I Hereby Certify That The Information Given Above And On The Continuation Sheet(s), If Any, Is True And Complete In Every Respect.							
Sign:	Date:						