PRO FORMA INVOICE

Shipper :	ACC.																																							
Name																										I	n١	/C	i	e	C	sk	at	e	:					
Company																										Ι							_	_	_					
Street Address																										1														
Postal Code, City																										1														
Country			_																							1														
Telephone:									_																	1														
Telex/Fax No.:																										1														

Receiver :	ACC.
Name	
Company	
Street Address	
Postal Code, City	
Country	
Telephone:	
Telex/Fax No.:	

No. Units	Description of Goods Customs Tariff Number	Country of Origin	Qty	Unit Value and	Total Value
1					
		Total		Total Value	
		Gross		of Shipment	

INCOTERM:

REASON FOR EXPORT:

FREE OF CHARGE, NO COMMERCIAL VALUE, VALUE FOR CUSTOMS PURPOSES ONLY

I declare that above information is true and correct to the best of my knowledge.

Signature:

Print Name: