

חשבון ספק INVOICE

Invoice Number:

Shipper Details:

Company Name:

Contact Person:

Address:

Phone No:

City:

Postal code:

VAT/I.D Number:

Receiver Details:

Company Name:

Contact Person:

Address:

Phone No:

City:

Postal Code:

Country:

VAT/I.D Number:

CARRIER: 

AWB NO.:

Shipment Details:

Description of Good	Unite No.	Unite Value	Total Unit Price	Total
			Total:	

Total Weight:

Total No. of Pc's:

Inco Terms:

I declare that the above information is true and correct to the best of my knowlage and that the goods are of the abouve stated origin. For and behalf of maned company:

Name :

Stamp and Signature: