COMMERCIAL INVOICE/PROFORMA INVOICE

Ship to:__Sample Reception_____

Company Name:__AsureQuality Limited____

Street:___1C Quadrant Drive__

Town/Area Code:___Waiwhetu 5010__

State/Country:__Lower Hutt/ New Zealand

Contact Name:__Sheryl Ferguson_

Airbill No:_____

Carrier:_____

No. of Pieces:_____

Total Weight:_____

Dimensions:_____x_____x_____cm

Phone:___+64 4 570 8376 _

Full Description of Goods	No of Items	Unit Value	Total Value
		Total Invoice Value	

NAME OF SHIPPER:

ADDRESS OF SHIPPER:

REASON FOR EXPORT:

HARMONISED TARIFF:

COUNTRY OF MANUFACTURE:

I certify that the above information is correct and that in so far as any part of this consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to the lata Dangerous Goods Regulations.

For and on the above named company:

Name (in print)_____ Signature:_____

Position in Company:_____