

Commerical Invoice

Page 1

FROM Tax ID/EIN/VAT No.: Contact Name: Phone:		Waybill Number: Shipment ID: Date: RMA No: PO No: Terms of Sale (Incoterm): Reason for Export: REPAIR/RETURN	
SHIP TO Tax ID/VAT No.: Contact Name: M Mosimann NEUROSPEC AG Stansstaderstrasse 10 6370 Stans NW Switzerland Phone: +41 41 371 07 04		SOLD TO INFORMATION Tax ID/VAT No.: Contact Name: Same as Ship To Phone:	

Units	U/M	Description of Goods/Part No.	Harm. Code	C/O	Unit Value	Total Value
	KG	Battery Box Repair/Return Basis	9030908050	NL		

Notes: Goods are being sent to Switzerland for repair, and will be returned to sender after repair – **REPAIR/RETURN**

TARIC CODE: HS 9030908050 - accessories for research applications only

I/We hereby certify that the information on this document is true and correct and that the contents of this shipment are as stated above. The exporter of the products covered by this document declares that, except where otherwise clearly indicated, these products are of the Netherlands preferential origin.

Additional Comments: please return goods after repairs to sender																			
Declaration Statement: I hereby certify that the information on this invoice is true and correct and the contents and value of this shipment is as stated above. <div> Shipper Date </div>	<table> <tr> <td>Invoice Line Total:</td> <td></td> </tr> <tr> <td>Discount/Rebate:</td> <td>0,00</td> </tr> <tr> <td>Invoice Sub-Total:</td> <td></td> </tr> <tr> <td>Freight:</td> <td>0,00</td> </tr> <tr> <td>Insurance:</td> <td>0,00</td> </tr> <tr> <td>Other:</td> <td>0,00</td> </tr> <tr> <td>Total Invoice Amount:</td> <td></td> </tr> </table> <hr/> <table> <tr> <td>Total Number of Packages: 1</td> <td>Currency:</td> </tr> <tr> <td>Total Weight:</td> <td></td> </tr> </table>	Invoice Line Total:		Discount/Rebate:	0,00	Invoice Sub-Total:		Freight:	0,00	Insurance:	0,00	Other:	0,00	Total Invoice Amount:		Total Number of Packages: 1	Currency:	Total Weight:	
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