**Commerical Invoice Page 1**

|  |
| --- |
| **FROM** |
| **Tax ID/EIN/VAT No.:**  **Contact Name:** Name Please insert Company Name  Please insert Street Address  Please insert City and Postcode  Please insert country  **Phone:** Please insert telephone # |
| **SHIP TO** |
| **Tax ID/VAT No.:**  **Contact Name:** M Mosimann  NEUROSPEC AG  Stansstaderstrasse 10  6370 Stans NW  Switzerland  **Phone:** +41 41 371 07 04 |

|  |
| --- |
|  |
| **Waybill Number:** Please insert  **Shipment ID:**  **Date:** Please insert  **RMA No: PO No:**  **Terms of Sale (Incoterm): Reason for Export:**  **REPAIR/RETURN** |
| **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**

1 KG EEG Electrodes Repaired 9030908050 NL 5,00 5,00

**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.

**Shipper**

**Date**

**Invoice Line Total:** 5,00

**Discount/Rebate:** 0,00

**Invoice Sub-Total:** 5,00

**Freight:** 0,00

**Insurance:** 0,00

**Other:** 0,00

**Total Invoice Amount:** 5,00

**Total Number of Packages:** 1 **Currency:** EUR

**Total Weight:** PLEASE INSERT