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| Complete Commodity Description | Schedule B | Country of Manufacture | Quantity | Unit Price | Total Price |
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| **Total Invoice Value** | | | | |  |

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| Date: | Invoice Number: |
| Shipper Name: | Consignee Name: |
| Street Address: | Street Address: |
| Contact: | Contact: |
| Phone Number: | Phone Number: |
| Tax ID Number: | Tax ID Number: |

Signature:

Commercial Invoice