Pro Forma Invoice

Sender:

Company name	**:**	_____
Contact person	**:**	_____
Street	**:**	_____
Zip code / City	**:**	_____ **/** _____
Country	**:**	_____
Telephone nr	**:**	_____
Vat nr.	**:**	_____

Receiver:

Company name	**:**	**Eurofins I Analytico Logistics**
Contact person	**:**	**International Logistics**
Street	**:**	**Gildeweg 44-46**
Zip code / City	**:**	**3771 NB Barneveld**
Country	**:**	**The Netherlands**
Telephone nr.	**:**	**+31 342 426 208**
Fax nr.	**:**	**+31 342 426 399**
VAT nr.	**:**	**NL 0078.36.533 B09**

Courier	**:**	_____
Airway bill no.	**:**	_____
Country of origin	**:**	_____
Reason for export:		**dispatch to specialised laboratory. NOT FOR SALE**
Incoterms	**:**	**DDU**

Contents:

Description of the goods	Quantity	Unit Value	Sub value
		Total value for customs	
		Currency	

Value for custom purpose only, no commercial value

I declare that the above mentioned is true and correct.

Date : _____ **Signature / Company stamp :**

Name : _____