

Commercial Invoice

This invoice must be completed in English.

EXPORTER: Tax ID#: _____ Contact Name: MR SHEN Telephone No.: _____ E-Mail: _____ Company Name/Address: Jiaxing Wisefine Home Products Co., NO 78 XURI ROAD XIUZHOU DISTRICT JIAXING JIAXING 314000 Country/Territory: CHINA Parties to Transaction: <input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related	Ship Date: 31 Oct, 2025 Air Waybill No. / Tracking No.: 885644044793 Invoice No.: 311025PY Purchase Order No.: Payment Terms: Bill of Lading: Purpose of Shipment: SAMPLE
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CONSIGNEE: Tax ID#: _____ Contact Name: MR. RAUL Telephone No.: 595981144023 E-Mail: _____ Company Name/Address: CESAR JIMENEZ ANA DIAZ 1177 . ASUNCION, PARAGUAY ASUNCION Country/Territory: PARAGUAY	SOLD TO / IMPORTER (if different from Consignee): <input checked="" type="checkbox"/> Same as CONSIGNEE: Tax ID#: _____ Company Name/Address: Country/Territory: PARAGUAY
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If there is a designated broker for this shipment, please provide contact information.

Name of Broker _____ Tel. No. _____ Contact Name _____

Duties and Taxes Payable by Exporter Consignee Other If Other, please specify _____

No. of Packages	No. of Units	Net Weight (LBS/ KGS)	Unit of Measure	Description of Goods	Harmonized Tariff Number	Country/ Terr. of MFR	Unit Value	Total Value
7	100.00	70.00	PCS	ELEVATOR LOP 100PCS 8431310090	8431310090	cn	5.800000	580.00

Total Pkgs	Total Units	Total Net Weight	(Indicate LBS/KGS)	Total Gross Weight	(Indicate LBS/KGS)	Terms of Sale:		Subtotal:	580.00
7	100.00	70.00	KG	71.55	KG			Insurance:	0.00

Special Instructions: 298961893941094		Freight:	0.00
		Packing:	0.00

Declaration Statement(s):		Handling:	0.00
		Other:	0.00

I declare that all the information contained in this invoice to be true and correct. Invoice Total: 580.00

Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual: MR SHEN Currency Code: USD

MR SHEN

Signature / Title / Date: _____ 31 Oct, 2025