Print

TaxID/VAT No:

Invoice

FROM	
Contact Name: YOUR NAME AND ADDRESS **Phone:** YOUR PHONE NUMBER	**Waybill Number:** :1ZA4933V_____ **Shipment ID:** **Invoice No:** **Date:** **PO No:** **Terms of Sale (Incoterm):** **Reason for Export:** RETURNS
SHIP TO	**SOLD TO INFORMATION**
Tax ID/VAT No: **Contact Name:** Daniel Wellington AB Åkaregatan 8 754 58 Uppsala Sweden **Phone:** +46 (0)	**Tax ID/VAT No:** **Contact Name:** Same as ship to **Phone:** Same as ship to

Units	U/M	Description of Goods/Part No.	Harm. Code	C/O	Unit Value	Total Value
1	PCS	Watch (EXAMPLE!)	91021100	CN	PRICE	
1	PCS	Strap (EXAMPLE!)	91139000	CN	PRICE	
1	PCS	Accessory (EXAMPLE!)	71171900	CN	PRICE	

PRICE

Additional Comments:

Declaration Statement:

Shipper YOUR SIGNATURE **Date**

Invoice Line Total:	TOTAL PURCHASE PRICE
Discount/Rebate:	
Invoice Sub-Total:	
Freight:	
Insurance:	
Other:	
Total Invoice Amount:	TOTAL PURCHASE PRICE
Total Number of Packages:	1 **Currency:**
Total Weight:	0.5