

Commercial Invoice

SENDER / SHIPPER

Last name:

PHONE:

First name:

Street and no:

ZIP:

City:

State/Country:

Recipient / Consignee

Generatio GmbH
Blumenstr. 49
69115 Heidelberg
Germany

EORI: DE 2160 3853 9402 593

Phone: +49 7121 565 44 450

FAX: + 49 6221 389 35 31

Pos.	No of packages	Description	QTY	Weight	Total value
1	1	Samples are: Non-pathogenic Non-infectious Non-toxic Non-flammable		grams	<u>5.00 EUR</u>

I declare all the information in this invoice to be true and correct

Date:

Name:

Signature of SENDER/SHIPPER