

Customs Invoice

(Fill in, photocopy, and insert 3 copies in sleeve of consignment)

Shippers Details

Company Name: _____

ABN: _____

Address (incl. Department): _____

Suburb/Town/City: _____

Contact Name _____

Contact Phone Number: _____

Receivers Details

Company Name: _____

Address: _____

Suburb/Town/City: _____

Country: _____

Contact Name _____

Contact Phone Number: _____

Details of Consignment

Description of goods	Country of Manufacture	Quantity	Value per Item	Total Value
Total Consignment Value				

**Note: It is essential to provide CUSTOMS with a value.
CUSTOMS DO NOT accept "No Commercial value" or "Nil", as a value.**

Consignment note number: _____

Name of Carrier: _____

Total Number of packages: _____

Reason for sending: _____

The above information is true and correct to the best of my knowledge.

Print name: _____

Signature: _____

Date: _____