

PACKING LIST

SHIPPER:
ADDRESS:

DATE:
INVOICE NO.:
PAGE: OF

SOLD TO:

SHIP TO:

ACCOUNT NUMBER	DATE SHIPPED	SHIPPED VIA	TERMS	MARKS

QUANTITY	DESCRIPTION

TOTAL PIECES:
TOTAL WEIGHT (Specify LB or KG):
TOTAL VOLUME (Specify IN or CM):

CERTIFIED TRUE AND CORRECT

X _____