

Company Name:

COMMERCIAL INVOICE

Invoice #

Date:

Manufacturer Info: **EXACT NAME MUST BE ON ALL DOCUMENTS**
ALL INFORMATION MUST BE FILLED IN BELOW

**ONLY FILL OUT IF THE PRODUCER IS DIFFERENT
THAN THE MANUFACTURER**

Manufacturer Name:
Manufacturer Address:
Manufacturer FDA Number:
Manufacturer Contact Phone:
Manufacturer Contact Email:
Manufacturer VAT # (if you have)

Producer Name:
Producer Address:
Producer FDA Number:
Producer Contact Phone:
Producer Contact Email:
Producer VAT # (if you have)

Importer of Record: (CONTACT US FOR ANY SHIPPING QUESTIONS)
OK Imports, LLC
4849 N. Milwaukee Ave, Suite 303
Chicago, IL 60630
ATTN: Debra O'Kennard
EMAIL: Deb@bevttest.com
TEL: 773-930-4080 Cell: 773-510-3842

*Consignee OK Imports, LLC

SHIP TO:
OK Imports, LLC
4849 N. Milwaukee Ave, Suite 303
Chicago, IL 60630
IMPORTER PERMIT NUMBER: IL-I-21232
TAX ID NUMBER: 83-2690485

SAMPLE PURPOSES ARE SAMPLES ONLY, NOT FOR RESALE

773-930-4080

| Product | Number of Bottles | Net Contents | Alcohol % | Per Bottle Price | Total Price | Country of Origin | Tariff Code |
|--------------------------------|-------------------|-------------------------|-----------|------------------|-------------|-------------------|-------------|
| (brand name & kind of alcohol) | | (EX: 750mL, 70cL, 50cL) | (EX: 40%) | (Cost of Goods) | | | |

Date:

Signed: