COMMERCIAL INVOICE
FACTURE COMMERCIALE

Date of Exportation Date de l'exportation	Invoice Number Numéro de facture	Export References Renseignements sur l'expédition	Related Parties - Parties lié Yes / Oui ____ No / Non X

Shipper/Exporter (complete name and address) Expediteur/Exportateur (nom et adresse)	Consignee (complete name and address) Destinataire (nom et adresse) Repairs Detpartment 69 Hill Crest Ancaster, ON, L9G 3A2. Canada	Tax I.D. Number No. d'identification aux fins de l'impôt

Country of Export/Pays d'export	Terms of Sale condition de'lachat NO SALE TEMPORARY IMPORT FOR REPAIR	Currency of Sale Devise de l'achat CDN
Country of Manufacture Pays de Fabrication	Importer (if other than consignee) Acheteur (si différent du destinataire)	
Country of Ultimate Destination Pays de destination finale CANADA		

International Air Waybill Number
Numéro de lettre du transport aérien internationale

(NOTE: All shipments must be accompanied by a ICS Worldwide™ Waybill. Toutes les expéditions doivent être accompagnées par un bordereaux ICS Worldwide™.)

Marks & No.'s, No. of Pkg.'s, Type of Packaging, Full Description of Goods Marques et numéros, No. de colis, Type d'emball., Description de marchandise	Quantity Quantité	Unit of Measure Unité de mesure	Weight Poids (kg)	Unit Value Valeur par unité	Total Value Valeur total
FREE DOMICILE					

NO DUTIES/TAXES FREE DOMICILE

TEMPORARY IMPORTATION TARRIFF FOR NON WARRANTY REPAIR CODE - 9993

TEMPORARY IMPORTATION GST/HST RELEIF SPECIAL AUTHORITY CODE - 16-089Z1663

GST EXEMPTION CODE 66 - - ITEM TO BE RETURNED TO ORIGININAL COUNTRY

Total Number of Packages Montant total de colis		Total Weight Poids brut		Check one: F.O.B. ____ C&F ____ CIF ____

These commodities, technology or software were exported from Canada in accordance with the Export Administration Regulations. Diversion contrary to Canadian law prohibited.

It is hereby certified that this invoice shows the actual price of the goods described, that that no other invoice has been issued, and that all particulars are true and correct.

Packing Costs Frais d'emballage	
Freight Costs Frais de transport	
Insurance Costs Frais d'assurance	
Other Costs Autre Frais	
Total Invoice Value Montant total de la facture	

SIGNATURE ____ TITLE - TITRE ____ DATE ____