

COMMERCIAL INVOICE - FATURA COMERCIAL

(preencher em Inglês - veja o modelo preenchido com as instruções abaixo)

International Air Waybill No. - No. Conhecimento Aéreo:

CNPJ / CPF:
192125850-00

Passport / Passaporte (for Foreigners / para Estrangeiros):

All shipments must be accompanied by a Fedex International Air Waybill.

Todos os embarques devem ser acompanhados de Conhecimento Aéreo da Fedex.

1. Date of Exportation - Data de Envio: 19/07/2016	2. Export References - Referências de Exportação:
3. Shipper/Exporter (complete name & address) - Embarcador/Exportador (Razão Social & Endereço Completo) EDGAR APOSTOLINI R. DA GR 833 90460-000 PORTO ALEGRE BRASIL	4. Consignee (complete name & address) - Consignatário (razão social & endereço completo) NICOLAS APOSTOL EABZ GLOBAL SERVICES 5755 SW RANCHITO ST PALM CITY, FL 34990 USA
5. Country of Export - País de Exportação BRASIL	8. Importer - If other than Consignee (complete name & address) - Importador - caso haja outro que não o Consignatário (razão social & endereço completo) NICOLAS APOSTOL EABZ GLOBAL SERVICES 5755 SW RANCHITO ST PALM CITY, FL 34990 USA
6. Country of Manufacture - País de Fabricação BRASIL	
7. Country of Ultimate Destination - País de Destino final United States of America	

9. Marks/No. Códigos/No.	10. No. of Pkgs. No. Pacotes	11. Packaging Embalagem	12. Full Description of goods Completa descrição da mercadoria	13. Qty Quantidade	14. Unit of Measure Unidade de medida	15. Weight Peso	16. Unit Value Valor Unitário	17. Total Value Valor Total
	01	01	METAL ENGINE PART	01		1500 gram	200,00	200,00
	18. Total No. of Pkgs Total de Pacotes	01				19. Total Weight Peso total	20. Total Invoice Value Valor total da Fatura	
						1500 gram	200,00	

I declare all the information contained in this invoice to be true and correct.
Declaro serem verdadeiras e corretas todas as informações contidas nesta fatura.

21. Signature of Shipper/Exporter (Type name and title and sign) Assinatura do Embarcador/Exportador (nome, título e assinatura) Title/Cargo: <u>Edgar Apostolini</u>	22. Date - Data 19/07/2016
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Custom A/C Solutions
8002 TEMPE TERRACE HWY
TAMPA FL 33637
AC (813) 951-0331 WAHS (813) 220-3015

QTY	PART NO.	DESCRIPTION	PRICE	WARRANTY YR
1		FILTER DRIER	—	
1	DH0750	V-BELT	70.00	
2	15-380	V-BELTS	40.00	
		VARIOUS HARDWARE	—	
1		BALANCE TUBE	20.00	
1		134A SERVICE VALVE	15.00	
1.5	LBS	134A REFRIGERANT	37.50	
1	9"	ELECTRIC FAN	50.00	
8	02	ENTER 100 OIL	15.00	
		OUTSIDE REPAIRS		
		BROUGHT FORWARD		
		TOTAL PARTS	197.50	
		ACCESSORIES		
		TOTAL ACCESSORIES		

NAME: NICHOLAS ABSTAL (PHONE) 285-3676
 ADDRESS: 5755 SW RANCHITO ST
 2ND AUTHORIZED NAME: FARM CITY, FL 34990-0343
 MAKE: ATEA Romeo TYPE OR MODEL: MONTREAL YEAR: 1994
 SERIAL # VIN: ENGINE NO.:
 ODOMETER: LICENSE NO.: ORDER WRITTEN BY: WAG
 TERMS: PHONE WHEN READY: YES NO
 PROMISED (DATE & TIME):
 RECEIVED (DATE & TIME):
 CUSTOMER'S ORDER NO.:

DSS ISJ LABOR CHARGE

LUBRICATION

CHANGE OIL

CHANGE OIL FILTER CART

CHANGE TRANS.

CHANGE DIFF.

PACK FRONT WHEEL BRGS

ADJUST BRAKES

ROTATE TIRES

WASH POLISH

STATE INSPECTION

OPER. NO. INSTRUCTIONS: CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL*

9.0 MRS. INSTAL COOK PUMPY BALANCE TUBES NOT INSTAL
 N.W. BELTS, ~~FOR~~ FILE COMPRESSOR, PRESSURE CHECK COMPRESSOR
 INSTAL. REPAIR CONDENSER & LEAKAGE FAN. INSTAL. DISCHARGE
 HOSE. REPLACE AUTO-LOCK SEALS ON COMPRESSOR. LUBRICATE
 CHARGE & LEAK CHECK A/C SYSTEM. REPLACE FILTER DRIER

Estimated cost \$ 765.00 Estimate Charge 765.00

PLEASE READ CAREFULLY. CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
 I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE
 INCLUDING A COMPLETION DATE. IF MY FINAL BILL WILL EXCEED \$100. (\$50 in Maryland)
 I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE
 WITHOUT MY WRITTEN APPROVAL.
 I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT
 EXCEED \$ THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT
 MY WRITTEN OR ORAL APPROVAL.
 I DO NOT REQUEST A WRITTEN ESTIMATE.

Checked lines apply (Preparer must check at least one):
 This charge represents costs and profits to the motor vehicle repair facility for
 miscellaneous shop supplies or waste disposal. This amount includes a charge of \$ 150. which is required under
 § 316.

METHOD OF PAYMENT: CASH CHECK CHARGE

LABOR FLAT RATE HOURLY BOTH

RETAIN PARTS DESTROY PARTS

GAS, OIL, & GREASE	PRICE	QUARTS	EFFECTIVE UNTIL
GAS, OIL, & GREASE			
LABOR			
TOTAL GAS, OIL, & GREASE			

DATE: _____

SIGNED: _____

Estimated good for 30 days. Not responsible for damage caused by theft, fire
 or acts of nature. I authorize the above repairs, along with any necessary
 materials, labor to you and your employees to operate my vehicle for the
 purpose of testing, inspection, and delivery of my car. An express warrant-
 ice is hereby acknowledged on the above vehicle to assure the amount
 of the repairs stated. It is agreed repairs shall be their completion. For any
 reason, a tear-down and assembly fee of \$ _____ will be applied.

TOTAL LABOR	TOTAL PARTS	ACCESSORIES	GAS, OIL, & GREASE	OUTSIDE REPAIRS	STORAGE FEE (if applies)	TAX	TOTAL AMOUNT
765.00	197.50	962.50				67.52	1029.98