

If you do not use your own form for custom purposes, we encourage you to fill up this Proforma Invoice where the circles indicated below.

INVOICE

<p>2. DATE OF EXPORTATION / /</p> <p>4. INVOICE NUMBER</p> <p>6. SHIPPER / EXPORTER <i>(NAME, STREET, CITY, STATE, ZIP/POSTAL CODE, COUNTRY, PHONE NUMBER)</i></p>	<p>1. INTERNATIONAL AIR WAYBILL NUMBER</p> <p>3. EXPORT REFERENCES</p> <p>5. INVOICE DATE / /</p> <p>7. CONSIGNEE <i>(NAME, STREET, CITY, STATE, ZIP/POSTAL CODE, COUNTRY, PHONE NUMBER)</i></p> <p>Caris Life Sciences 4610 South 44th Place Phoenix, Arizona, 85040 United States</p> <p>8. SHIPPER'S TAX NUMBER (FOR CUSTOMS OPERATIONS)</p> <p>10. SHIPPER'S EMAIL CONTACT (OPTIONAL)</p> <p>12. PURPOSE OF SHIPMENT (CHECK ONE)</p> <table style="width:100%; font-size: small;"> <tr> <td><input type="checkbox"/> Catalog/Order Return</td> <td><input type="checkbox"/> Mutilated Samples (No Resale)</td> </tr> <tr> <td><input type="checkbox"/> Commercial Sale</td> <td><input type="checkbox"/> Personal Effects (Used Goods)</td> </tr> <tr> <td><input type="checkbox"/> Gift (Unsolicited)</td> <td><input type="checkbox"/> Personal Use (New, No Resale)</td> </tr> <tr> <td><input type="checkbox"/> Intra-Company Transfer</td> <td><input type="checkbox"/> Return for Repair</td> </tr> <tr> <td><input type="checkbox"/> Marked Samples (No Resale)</td> <td><input type="checkbox"/> Return after Repair</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Catalog/Order Return	<input type="checkbox"/> Mutilated Samples (No Resale)	<input type="checkbox"/> Commercial Sale	<input type="checkbox"/> Personal Effects (Used Goods)	<input type="checkbox"/> Gift (Unsolicited)	<input type="checkbox"/> Personal Use (New, No Resale)	<input type="checkbox"/> Intra-Company Transfer	<input type="checkbox"/> Return for Repair	<input type="checkbox"/> Marked Samples (No Resale)	<input type="checkbox"/> Return after Repair	<input type="checkbox"/> Other _____	
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<input type="checkbox"/> Marked Samples (No Resale)	<input type="checkbox"/> Return after Repair												
<input type="checkbox"/> Other _____													
<p>9. CONSIGNEE OR IMPORTER'S TAX NUMBER (FOR CUSTOMS OPERATIONS)</p> <p>11. CONSIGNEE'S EMAIL CONTACT (OPTIONAL)</p> <p>13. IMPORTER - (IF OTHER THAN CONSIGNEE) <i>(NAME, STREET, CITY, STATE, ZIP/POSTAL CODE, COUNTRY, PHONE NUMBER)</i></p>	<p>14. IMPORTER'S EMAIL CONTACT (OPTIONAL)</p>												

15. COUNTRY OF MANUFACTURE (EACH ITEM)	16. FULL DESCRIPTION OF GOODS <i>(What is it? What is it made of? How/where will it be used?) and Harmonized Tariff Code (if known)</i>	17. QTY (EACH ITEM)	18. UNIT VALUE (EACH ITEM)	19. TOTAL VALUE
US	Tissue Samples non hazard [EXAMPLE OF A GOOD DESCRIPTION: 5 men's woven 100% cotton solid dress shirts, U.S. Harmonized Tariff Code: 6205.20.2025]	1	5	5
<p>20. INCOTERMS/TERMS OF SALE: (CHECK ONE)</p> <p>F.O.B. <input type="checkbox"/> C & F <input type="checkbox"/> C.I.F. <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/> _____</p>		<p>21. CURRENCY <i>(i.e. EURO, UK POUNDS (UKL), SWISS FRANCS (SFR), ETC.) [IF DOLLARS, PLEASE SPECIFY US \$, CANADIAN \$, SINGAPORE \$, ETC.]</i></p> <p style="text-align: right; font-weight: bold;">US\$</p>		
		<p>22. TOTAL FREIGHT CHARGES <i>(if known)</i></p>		
		<p>23. TOTAL INSURANCE CHARGES <i>(if known)</i></p>		
		<p>24. TOTAL INVOICE VALUE</p> <p style="text-align: right; font-weight: bold;">5</p>		
		<p>25. TOTAL NUMBER OF PACKAGES</p> <p style="text-align: right; font-weight: bold;">1</p>		
		<p>26. TOTAL WEIGHT <i>(SPECIFY ALSO IF IN LBS OR KGS.)</i></p> <p style="text-align: right; font-weight: bold;">1kgs</p>		

35. I DECLARE ALL THE INFORMATION CONTAINED IN THIS INVOICE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
(SIGNATURE REQUIREMENTS MAY VARY PER COUNTRY)

DATE _____ / _____ / _____

NAME _____

(PLEASE PRINT)

SIGNATURE _____

TITLE _____