

# Packing List

Packing List#:	
Loading Date:	
Customer PO#:	
Shipping Mark:	

	Supplier	Consignee
Company:		
Address:		
City:		
Country:		
ATTN:		
Phone:		

		Per Carton						Total				
SKU	Product Description	Product quantity (pieces)	Product dimensions	Product gross weight	Carton dimensions	Carton net weight	Carton gross weight	Carton quantity	Product quantity	Net weight	Gross weight	CBM

Additional Information/Special Instructions

Supplier Stamp/Signature