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RECEIPT	1	INVOICE	MILIMRED

BOX _____ Of ____

	CUSTOMER SERVICE: 866-358-1036		
SHIPPER:		CONSIGNEE:	
ADDRESS:		ADDRESS:	
E-MAIL:			
TEL NO:		TEL/CP NO (MANDATORY):	
	DETAILED	INVENTORY PACKING LIST	
QTY	DESCRIPTION OF COMMODITIES	QTY	DESCRIPTION OF COMMODITIES

			
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CERTIFICATION: I certify and declare that I am the sender/shipper and the owner or authorized agent of the owner of the goods listed above, and that the contents of the above sealed cargo/es are of no commercial quantity or value for resale purposes. I further certify that there are no illegal or prohibited commodities as stipulated by the laws of United States of America and the Republic of the Philippines. I take full legal responsibility for any erroneous declaration or omission in the Packing List. I finally certify that I am endorsing this invoice to Logistics International Parcel Shipping (LIPS) Transport LLC for delivery of my package/s to the consignee/s at the address specified above. I HAVE READ, UNDERSTOOD AND AGREED to the terms and conditions printed on the reverse including the terms that limit the liability of Logistics International Parcel Shipping (LIPS) Transport LLC.