



Golden Gate Global Dental Lab, Inc.

West High-Tech Chuangyi Area

#2 Tianyu Rd

West High-Tech District

Chengdu, Sichuan 611731

US Toll-free +1 888 357-3218

US Secure FAX +1 888 661-1851

China Tel +86 138-0818-2615

info@gggdentallab.com

“Satisfaction guaranteed!”

Hello from China, and thank you very much for contacting us!

We sent you a price list by email. If you would like us to send you another, please contact us at

www.gggDentalLab.com

We have some great news! Lower prices on lab services! Please see our email for our complete price list.

Golden Gate Dental Lab (GGG) wants to be your one-stop dental lab. We are registered with the US FDA, we have more than 100 lab technicians prepared to handle your cases quickly and skillfully. Our lab operates 24-hours/day, 7 days/week to provide fast turnaround.

We only use quality porcelain materials from **Ivoclar-Vivadent (Emax)** and **Dentsply Cercon Zirconia**. Our alloy metals are from **Argen (USA)**.

Your satisfaction is guaranteed! If you are not happy with the case, please send it back for remake or refund.

We only use **Vita** shade guides and bleach shade guides for PFM and we use **Bioform** shade guide for removables.

Consider sending us some test cases and evaluate our service first-hand. Please see attached the documents for instructions.

Please let me know if you have any questions. We look forward to receiving your cases soon.

Sincerely,

Misha Cao, Marketing Manager
GOLDEN GATE GLOBAL DENTAL LAB, INC.

Keep for your records.



**Golden Gate Global Dental
Lab, Inc.**

"Satisfaction guaranteed!"
www.gggdentallab.com

Golden Gate Global Dental Lab, Inc.
West High-Tech Chuangyi Area
#2 Tianyu Rd
Chengdu 611731, CHINA
US Telephone and Fax: +1 (888) 357-3218
US Fax +1 (888) 661-1851
China Tel: (86) 138-0818-2615 (+8 GMT)

Case Shipment Checklist

GGG UPS ACCOUNT # : _____

YOUR GGG ACCOUNT #: _____ (see Item 1 below)

- _____ 1. **OPEN AN ACCOUNT:** To use our UPS shipping account number and receive discounted shipping rates, you need to open an account with **Golden Gate Global Dental Lab, Inc.** Please fax or call in your **Credit Card Authorization (Visa Master Card, Amex, or Discover)** using the form attached to this package. **Or contact us for other payment options. You will receive your GGG account number and shipping account numbers by email.**

- _____ 2. **PREPARE SHIPMENT— ANY BOX WILL DO, but use the SMALLEST box that adequately protects the cases. INSIDE THE BOX:** Enclose your cases and the attached "Prescription Lab Slip"

- _____ 3. **OUTSIDE THE BOX IN THE SHIPPING ENVELOPE provided by UPS:** Insert **three copies** of the "**Commercial Invoice.**" Calculate "Value for Customs" at US\$1/case (i.e.: 10 cases = US\$10 Total Value for Customs").
IMPORTANT: Customs Value **MUST** be **LESS** than **US\$30** or **YOU** pay duty. **Do NOT** write cents. Write **\$10**, not **\$10.00**

- _____ 4. **PREPARE** an "**International Air Waybill**" using UPS or DHL addressed to (see attached samples) **Note: Golden Gate Global Dental Lab, Inc. & Chengdu Shengda Dental Manufacturing Co., Ltd. are two names for the same company. UPS requires we use Chengdu Shengda Dental Manufacturing Co., Ltd.**

- _____ 5. ***** **Shipping Address** *****
Attention: Cao Jun
Chendgu Shengda Dental Manufacturing Co., Ltd.
West High-Tech Chuangyi Area
#2 Tianyu Rd
Chengdu 611731, CHINA
Tel: 86 139 8098 0892

CALCULATE the "**Declared Value for Customs**" at US\$1/case or **LESS** than **US\$30** (whichever is less) and put on the **International Air Waybill.**

- _____ 6. **AFTER SHIPMENT:** Forward a **shipping tracking number** to us immediately at **admin@gggdentallab.com** . After we receive the shipment we will send you an invoice for the cost of the cases.

Fax or call in this information to open your account and receive out shipping account numbers



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Lab, Inc.**

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www.gggdentallab.com

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China Tel: (+86) 138-0818-2615 (+8 GMT)

Credit Card Authorization Fax Form

Terms: 30 days net dated from date of shipment to the undersigned. The undersigned agrees to pay all costs of collection, including reasonable attorney fees, court costs, and disbursement. The undersigned certifies that he/she is duly authorized to sign on behalf of any corporation or any other entity and, if signed in an individual capacity, unconditionally guarantees the prompt and full payment of all obligations now due or which may become due in the future.

Instructions: 1. Complete this form by printing legibly in dark ink all billing information in the blanks below. 2. Sign with the credit card holder's signature on the line indicated below. 3. Fax this form to our secure US fax machine at +1 (888) 661-1851 or call +1 888 357-3218.

I, _____ hereby authorize Golden Gate Dental Lab, Inc. to open an account and charge my credit card for dental laboratory services I request.

Type of Card (circle one): Visa MC Amex Discover

Credit Card Number: _____

Expiration Date: _____ CVC Code* _____

*CVC Code is the last three digits of the number printed on the back of the Visa, MC and Discover credit cards. For American Express cards, the verification number is a 4-digit number printed on the front of your card.

Credit Card Billing Information

Company Name: _____

Billing Name: _____

Exact Billing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ FAX: _____

Email for case questions: _____

As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above.

Cardholder's Signature _____ Date _____

SHIPPING ADDRESS AND TELEPHONE

Same as billing address. If not, then complete below.

Company Name: _____

Exact Shipping Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ FAX: _____

Complete and fax to our secure U.S. FAX: +1 (888) 661-1851 or call +1 888 357-3218



Golden Gate Global Dental Lab, Inc.
 West High-Tech Chuangyi Area
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 Chengdu, Sichuan P.R. China 611731
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 US Fax: (+1) 888-661-1851
 China Tel: (+86) 1388-2266-575 (+8 GMT)
 Email: info@ggdentallab.com

For GGG Use: Date: _____
 Company: _____
 Notes: _____

CLIENT PREFERENCES

CLIENT INFORMATION

Dentist / Laboratory: _____ Date _____

| OCCLUSION | | CONTACTS | | |
|---|---|------------|-------------------|-----------|
| <input type="checkbox"/> In Occlusion <input type="checkbox"/> Out of Occlusion <input type="checkbox"/> Ideal Occlusion <input type="checkbox"/> Match Existing | If Insufficient Occlusal Clearance... <input type="checkbox"/> Metal Occlusal <input type="checkbox"/> Reduction Coping <input type="checkbox"/> Adjust Opposing | Normal | Heavy & Broad | Point |

| Gingival Embrasure: <input type="checkbox"/> Smooth Emergence <input type="checkbox"/> Open <input type="checkbox"/> Closed | MARGIN DESIGN | | | |
|--|--|-----------------------------------|---|--------------------------------------|
| | <input type="checkbox"/> Lingual Metal | <input type="checkbox"/> No Metal | <input type="checkbox"/> Porcelain Margin | <input type="checkbox"/> Small Metal |

| PONTIC DESIGN | | | | |
|--|-----------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> Point Contact | <input type="checkbox"/> No Ridge | <input type="checkbox"/> Standard (Modified Ridge) | <input type="checkbox"/> No Contact | <input type="checkbox"/> Below Ridge (Bullet) |

| CERAMIC SHADE | |
|--|--|
| Cracklines : <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark Translucency: <input type="checkbox"/> Minimum <input type="checkbox"/> Moderate <input type="checkbox"/> Maximum Shine/Gloss: <input type="checkbox"/> High Shine <input type="checkbox"/> Dull Mammellons: <input type="checkbox"/> Highly Visible <input type="checkbox"/> Somewhat Visible <input type="checkbox"/> None Surface Texture: <input type="checkbox"/> Smooth <input type="checkbox"/> Heavy | <p style="text-align: center;">Use Vita/Bioform Shade Guide</p> |

SPECIAL INSTRUCTIONS

See back for additional instructions and/or sketches





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China Tel: (86) 138-0818-2615 (+8 GMT)
 Email: info@ggdentallab.com

Return Date: _____

Dr. Signature: _____

Dr. License No.: _____

Basket No.: _____

CASE INFORMATION

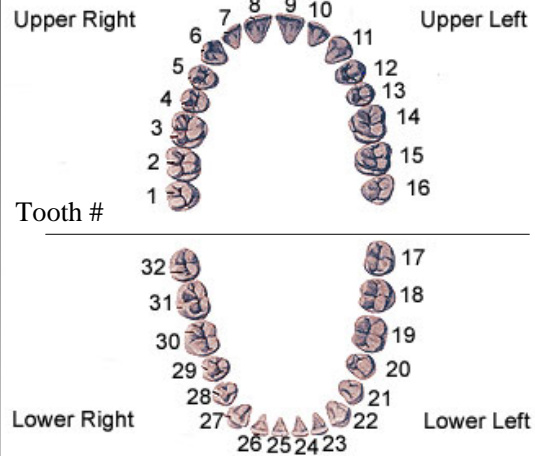
Dentist / Laboratory: _____

Your Case #: _____

Patient _____

Gender _____ Age _____ Date _____

TOOTH NUMBERS / CASE DESIGN



- SER- (Circle items)**
- CROWN AND BRIDGE**
- Porcelain Fused to Metal (PFM)
- 940 PFM Non-Noble
 - 937 PFM Titanium alloy
 - 930B PFM Noble (white)
 - 930A PFM High Noble (yellow)
 - 942 Coping Non-Noble
 - 933B Coping Noble (white)
 - 933A Coping High Noble (yellow)
 - 931A Post/pin & PFM High Noble (yellow)
 - 931B Post/pin & PFM Noble (white)
 - 941 Post/pin & PFM Non-Noble
- Full Cast**
- 945 Crowns/inlay/onlay full cast Non-Noble
 - 935B Crowns/inlay/onlay full cast Noble
 - 935A Crowns/inlay/onlay full cast High-Noble
 - 920 King's Crown full cast (Au 97%, yellow)
- All Ceramic**
- 970 Inlay/onlay IPS e.max
 - 971 Crown IPS e.max
 - 972 Veneer IPS e.max
 - 973 0.3 mm Veneer IPS e.max
 - 978 Cercon Zirconia
- Other Bridge and Crown**
- 943 PFM porcelain only
 - 903 Implant Cercon Zirconia
 - 960A Implant crown High Noble
 - 960B Implant crown Noble
 - 960 Implant crown Non-Noble
 - 911A Maryland bridge High Noble
 - 911B Maryland bridge Noble
 - 912 Maryland bridge Non-Noble
 - 936A Post/pin core High Noble
 - 936B Post/pin core Noble
 - 946 Post/pin core Non-Noble
 - 959 Temporary crown
 - 999 Veneer high strength acrylic

- Crown
- Bridge
- Upper jaw
- Lower jaw

Alloys

Non-Noble Base Ni-Cr
 Noble Pd 53%, Ag 37.5%
 High Noble Au 74%, Ag 10.8%
 High Noble Au 55.8% Full cast

ENCLOSURES

- _____ Impressions
- _____ Bite registration
- _____ Models
- _____ Photos

- REMOVABLE DENTURES - Partial Dentures**
- 980 Partial denture Framework w/o teeth (Cr Co)
 - 981 Partial denture Framework incl. finish w/teeth
 - 982 Partial denture framework **setup** with teeth
 - 983 Partial denture framework **setup** w/o teeth
 - 987 Partial Denture finish only
 - 988A Valplast-Flexi denture finish w/ > 4 teeth
 - 988B Valplast-Flexi denture finish w/ < 5 teeth
 - 989A Titanium framework incl. finish w/teeth
 - 989B Titanium framework only
 - 997 Attachment (incl. framework & teeth set up)
 - 906 Clasp - Tooth color/Transparent (each)
 - 907 Gold-Plated Framework
 - 998 Telescope (not including framework)
- Full Dentures**
- 986A Full denture including teeth
 - 986B Full denture incl. teeth (HI-impact acrylic)
 - 985 Denture finish
 - 984 Denture setup

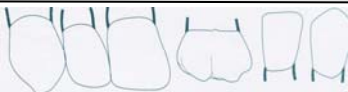
OTHER SERVICES

- 932 Porcelain margin
- 994A Bite registration
- 994B Wax Rim
- 991 Night guide
- 992 Bleaching guide
- 995 Snoring guide
- 993 Custom tray or Individual tray
- 901 Diagnostic Wax up per jaw (over 4 units)
- 902 Diagnostic Wax up per unit
- 908 Composite Veneer (Hi-impact acrylic)
- 996 Electroplating coping 100% Au
- 950 Non-Noble composite build up teeth
- 913 Fixed Space Maintainer
- 914 Removable Space Maintainer
- 915 Orthodontic applicator
- 100 Soft lining

If Insufficient Occlusal Clearance...

- _____ **Metal Occlusal**
- _____ **Reduction Coping**
- _____ **Adjust Opposing**

CERAMIC SHADE

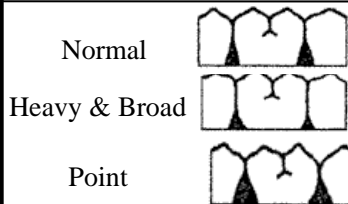


Cracklines Transparency Translucency

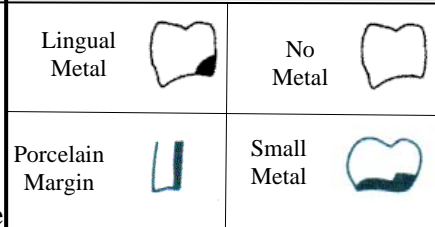
Shade: _____

Use Vita/Bioform Shade Guide

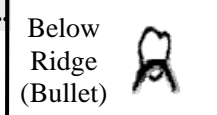
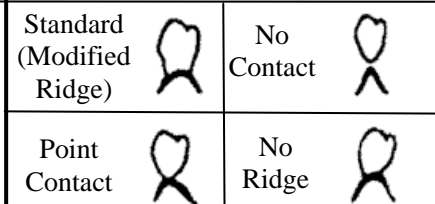
CONTACTS



MARGIN DESIGN



PONTIC DESIGN



SPECIAL INSTRUCTIONS



See back for additional instructions and/or sketches



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 China Tel: (86) 138-0818-2615 (+8 GMT)
 Email: info@ggdentallab.com

For GGG Use: Date: _____
 Company: _____
 Basket: _____
 Item: _____
 Original No.: _____

SPECIAL INSTRUCTIONS & SKETCHES



REMAKES

1. Return **Original Lab Slip**
2. Provide **New Impression**, except for change in shade
3. Provide a **Reason** for remake

REMINDERS

1. Please **print LEGIBLY**
2. **Circle Service Item** desired
3. **Indicate Shade** for porcelain using **Vita or Bioform Shade Guides only**
4. **Indicate Margin Design**, if any
5. **Indicate Contact Points**, if any
6. **Indicate Pontic Design** if any
7. **Include** impressions, model, bite registration, and all implant parts (see above)

IMPLANTS

1. Impression
2. Opposite model or impression
3. Bite registration
4. Transfer abutment for plaster model
5. Transfer abutment for crown
6. Burnout abutment for screw solution
7. Screws for both transfer abutments

SHIPPING NOTES

1. Prepare 3 copies of a **Commercial Shipping Invoice** for outside the box
2. Prepare an International Waybill
3. Customs Valuation **UNDER US\$30**

Thank you for using GGG!



COMMERCIAL INVOICE

| | | |
|--------------------------------------|--|------------------------|
| SHIPPER/EXPORTER | DATE | COMMERCIAL INVOICE NO. |
| CONSIGNEE | CUSTOMER P.O. NUMBER | DATE OF EXPORT |
| | COUNTRY OF ORIGIN | B/L / AWB NUMBER |
| NOTIFY PARTY/ INTERMEDIATE CONSIGNEE | FINAL DESTINATION | EXPORT ROUTE / CARRIER |
| | TERMS OF SALE | TERMS OF PAYMENT |
| | FREIGHT: PREPAID COLLECT | |
| MARKS: | | |

| QUANTITY | DESCRIPTION | H.S. NUMBER | UNIT PRICE | TOTAL PRICE U.S.\$'S |
|----------|-------------|-------------|------------|----------------------|
| | | | | |

| | | |
|--|--|--|
| "WE HEREBY CERTIFY THIS INVOICE TO BE TRUE AND CORRECT." | SUBTOTAL HANDLING FREIGHT MISC. | |
| TOTAL | | |

THESE COMMODITIES, TECHNOLOGY OR SOFTWARE WERE EXPORTED FROM THE UNITED STATES TO :
 IN ACCORDANCE WITH THE EXPORT REGULATIONS. DIVERSION CONTRARY TO U.S. LAW PROHIBITED.

SAMPLE DHL International Express Waybill



Track this shipment: <http://www.dhl.com>
 跟踪您的国际快递包裹:
Shipment Waybill
 (Non negotiable)

1. Payer account number and insurance details (用数字填写及保存档案资料)

Charge to 付款方式: Shipper 发件人 Receiver 收件人

Payer Account No. 付款方账号: 951915316

Net/all payment options are available in all countries. CC reference code

2. From (Shipper) 发件人 (Please print in English/请用英文正确填写)

Shipper's account number 发件人账号: [Print your name]
 [Leave blank] [Print your name]

Shipper's reference (up to 32 characters - first 12 will be shown on invoice)

Company name 公司名称: [Print your Company Name]

Address 地址: [Print your address]

Postal/Zip Code (required) [Your Phone]

3. To (Receiver) 收件人 (Please print in English/请用英文正确填写)

Company name 公司名称: Chengdu Shengda Dental Manufacturing Co. Ltd.

Delivery address 派送地址: DHL cannot deliver to a PO Box
 DHL 无法将快件送至邮筒或信箱

#2 Tianyu Rd, West High Tech District
 Chengdu Sichuan China

Country 国家: CHINA

Postcode/Zip Code (required) 邮政编码 (必填项): 611731

Contact person 联系人: CAO JUN
 Phone, Fax or E-mail (required) 电话, 传真或电子邮箱: 86-28-61835883

GREY SECTIONS FOR DHL USE ONLY

ORIGIN: 13

DESTINATION CODE

8. Products & Services

Domestic 国内文件
 International Document 国际包裹
 Personal Mail Document 私人信件
 Products (not all services available in all countries) 产品 (并非所有服务在所有国家均可提供)
 EXPRESS 500 私人特快
 EXPRESS 1030 十兆单程速
 EXPRESS 1220 五折特快
 EXPRESS/WORLDWIDE 保通
 ECONOMY SELECT 经济邮航
 OTHER ETC. 其他其它
 Optional Services (extra charges may apply) 可选服务 (有附加费或附加服务)
 Fragile 易碎
 Delivery Notification 送货通知
 Non-standard Shipment 非常规运输
 Other 其它
 Globalmail Services
 Priority 优先
 Standard 标准
 Other 其他

543 06 13

Sample Shipping Waybill
 DO NOT USE
 Contact us for Waybills

4. Shipment details 空运快件资料 (Billed weight is calculated from total weight and dimensions 计费重量由总重量和总体积计算得出)

| Total number of packages 总件数 | Total weight 总重量 | Dimensions in cm/ft (厘米/英尺) | Pieces 件 | Length 长 | Width 宽 | Height 高 |
|------------------------------|------------------|-----------------------------|----------|----------|---------|----------|
| | kg | gr | @ | X | X | X |
| | | | @ | X | X | X |
| | | | @ | X | X | X |
| | | | @ | X | X | X |

5. Full description of contents 运物品之详细说明
 Give content and quantity 物品及数量

[Write "Dental Impression Samples"]

6. Non-Document Shipments Only (Customs Requirement) 仅限包裹快件填写 (海关要求)
 Attach the original and two copies of a Proforma of Commercial Invoice 原格式商业发票及两份副本
 Shipper's VAT/GST number [Receiver's VAT/GST or Shipper's EIN/SSN 发件人/VAT/GST/号码]

[Write "5101966948"]

Declared Value for Customs 海关申报价值 | Harmonised Commodity Code if applicable 海关税则编码 (its on commercial/proforma invoice) (何商业/形式发票上之货物) | [Write "HS 34070020"]

TYPE OF EXPORT

Destination duties/taxes 目的地关税/税金 | Repair/Return 修理/退回 | Temporary 临时

Receiver 收件人
 Shipper 发件人
 Other 其他 (specify approved account number 请提供DHL账号)

Shipper's agreement (Signature required) 快件协议 (要求签字)

除非另有书面协议, 我/我们同意DHL的运输条款与条件是: 我/我们与DHL之间协议的全部条款, 该运输条款与条件在适用的情况下, 目的在中国境外时, 还包括了DHL对于快件丢失、损坏或延误所应承担的责任。我/我们声明空运快件并不包含现金及危险品 (请见发件人附带的本背面)。 For English version of this agreement, please refer to Consignee Copy.

签名: CAO JUN
 日期: / /
 Signature: X
 Date: / /

CHARGES Services: kg gr

Other: gr

Insurance

VAT

CURRENCY TOTAL

PAYMENT DETAILS (Cheque, Card No.)

No.:

Type Expires

Picked up by Route No.

Time Date

UPS International Express Waybill

If no "Express Saver" on your form, select EXPRESS and write "SAVER" to the right of "P"

Sample Shipping Waybill
Contact UPS for blank Waybills

| | | | |
|--|---|---|--|
| SHIPPER'S UPS ACCOUNT NO. (Leave blank) | | SHIPPER'S IDENTIFICATION NO. FOR CUSTOMS PURPOSES (V.A.T. NO., ETC) (Leave blank) | |
| NAME OF SENDER (寄件人姓名) C | | TELEPHONE NO. (VERY IMPORTANT) (寄件人电话) (非常重要) D | |
| COMPANY NAME AND ADDRESS (include Postal Code) (公司名称、地址、邮政编码及出口国) | | | |
| (Print your name, company name telephone and company address) | | | |
| POSTAL CODE | COUNTRY | RECEIVER'S IDENTIFICATION NO. FOR CUSTOMS PURPOSES (E.I.N., V.A.T. IMPORTER'S NO., R.F.C. NO., ETC) 寄件人识别号 | RECEIVER'S UPS ACCOUNT NO. |
| NAME OF CONTACT PERSON (收件人姓名) Cao Jun | | TELEPHONE NO. (VERY IMPORTANT) (收件人电话) (非常重要) 86 13980980892 | |
| COMPANY NAME AND ADDRESS (include Postal Code) (公司名称、地址、邮政编码及出口国) Chendgu Shengda Dental Manufacturing Co., Ltd. West High-Tech Chuangyi Area #2 Tianyu' Rd, West High-Tech District , Chengdu | | | |
| POSTAL CODE 611731 | COUNTRY P.R. CHINA | | |
| BILL SHIPPING CHARGES TO: 运费的支付 PAYMENT OF CHARGES 付款方式 | | | |
| <input type="checkbox"/> SHIPPER (S) (寄件人) ACCOUNT NO. (SECTION 1) | <input checked="" type="checkbox"/> RECEIVER (R) (收件人) ACCOUNT NO. (SECTION 2) | <input type="checkbox"/> THIRD PARTY (T) ACCOUNT NO. (SECTION 3) | <input type="checkbox"/> CREDIT CARD / CHEQUE THIRD PARTY COMPANY NAME: |
| ENTER UPS ACCOUNT NO. (Third Party) or MAJOR CREDIT CARD NO. | | | |
| BILL DUTIES AND TAXES TO (DUTYABLE SHIPMENTS ONLY): 关税 / 税款的支付(仅限应税的货物) | | | |
| <input type="checkbox"/> SHIPPER (S) ACCOUNT NO. (SECTION 1) | <input checked="" type="checkbox"/> RECEIVER (R) ACCOUNT NO. (SECTION 2) | <input type="checkbox"/> THIRD PARTY (T) ACCOUNT NO. (SECTION 3) | THIRD PARTY COUNTRY: |
| THIRD PARTY COMPANY NAME: | | | |
| THIRD PARTY ACCOUNT NO.: | | | |
| THIRD PARTY COUNTRY: | | | |
| SERVICE LEVEL 服务类别 EXPRESS PLUS 全球特快 加急 EXPRESS 全球特快 EXPRESS SAVER 全球速快 EXPEDITED 全球快捷 | | WORLDWIDE SERVICES WAYBILL (non-negotiable) UPS TV-DATA | |
| EXPRESS PLUS 1+ | | EXPRESS 1 | |
| EXPRESS SAVER 1P | | EXPEDITED 2 | |
| SHIPMENT INFORMATION 寄运物品/shipment information | | | |
| NO. OF PACKED UNITS (件数) | TOTAL ACTUAL WEIGHT OF SHIPMENT (实际重量) | TOTAL DIMENSIONAL WEIGHT OF SHIPMENT (实际体积重量) | ZONE (分区) |
| A | (Leave blank) | C | D |
| E | ENV 10KG/BOX 10公斤/箱 | 25KG/BOX 25公斤/箱 | OTHER |
| DESCRIPTION OF GOODS 货物说明 Dental Sample Models | | | |
| CURRENCY (货币) REFERENCE NO. 1 REFERENCE NO. 2 SPECIAL OFFER CODE COUNTRY OF ORIGIN (MANUFACTURE) OF GOODS (货物的原产国/制造地) (Put your country here) | | | |
| TOTAL CHARGES 全部费用 | | DATE OF SHIPMENT 寄件日期 | |
| TRANSPORTATION 运输 | | SHIPPER'S SIGNATURE 寄件人姓名 | |
| DECLARED VALUE 申报价值 | | RECEIVED FOR UPS BY: 日期 | |
| OTHER 其他 | | DATE: 日期 | |
| OTHER 其他 | | TIME: 时间 | |
| OTHER 其他 | | | |
| SPECIAL INSTRUCTIONS 特殊说明 | | | |
| UPPS Waybill Tracking No. H675 0414 | | | |
| 0287571805-01/07 APZY | | | |