Gene by Gene, Ltd. dba FamilyTreeDNA
1445 North Loop West, Suite 820, Houston, TX 77008

# Commercial Invoice

+1 832-968-8132
shipments@genebygene.com (kit number required)

**SELLER / SHIPPER (Name, Full Address)**
**Gene by Gene, Ltd. dba FamilyTreeDNA**
**1445 N Loop W Suite 820**
**Houston, TX, 77008, United States**
**tel: +1 832-968-8132**

**shipments@genebygene.com** (kit number required)

**Tax Identification Number (EIN)**
**76-0640295**

**Invoice Date** REQUIRED

**Kit Number** REQUIRED

**Tracking Number** REQUIRED

**CONSIGNEE / IMPORTER OF RECORD (Name, Full Address)**

**Gene by Gene, Ltd. dba FamilyTreeDNA**
**1445 N Loop W Suite 820**
**Houston, TX, 77008**
**United States**
**tel: +1 832-968-8132 | EIN: 76-0640295**
**shipments@genebygene.com (kit number required)**

**BUYER (Name, Full Address) - Required for returns to the USA**

**Buyer Phone** REQUIRED

**Country of Manufacture (itemize below if necessary)**
United States of America

**Country of Export** REQUIRED

**Final Destination**
United States of America

**Terms and Conditions of Delivery and Payment**
**DDP (Delivered Duty Paid) - buyer must pay all duties and taxes before arrival in the USA; not consignee**

**Currency of Sale**
**USD**

| Marks and Numbers | Total Number of Packages | Total Gross Weight (kg) | Cubic Meters |
|---|---|---|---|
| | 1 | | |

| Complete And Accurate Description | Quantity / Unit of Measure | Unit Price | Amount |
|---|---|---|---|
| **CONTENTS: COLLECTION KIT**<br><br>**BRIEF DESCRIPTION**<br>**Exempt Human Specimen - Ancestry Research Only - Not Medical / Not Diagnostic Sample. No Commercial Value - Customs only.**<br><br>**FULL DESCRIPTION**<br>**Returned ancestry kit containing non-infectious buccal swabs for ancestry research only. Non-medical, non-diagnostic, and not for human consumption. This package does not contain dangerous goods, drugs, medications, flammable materials, or liquid nitrogen.**<br><br>**Declared Customs Value $1.00 USD - No Commercial Value**<br><br>**Harmonized Tariff Code (HTS)**<br>**HTS 3002.90.5250 (6-digit: 3002.90) - Exempt human specimen** | _____ kits<br>REQUIRED | **No commercial value** | **1.00 USD**<br>(entire shipment) |

**I declare all the information contained in this invoice to be true and correct**

**(Type/print BUYER name and title and sign)** REQUIRED

**Signature and Status of Authorized Person**

**Date**

**Place** REQUIRED

| | |
|---|---|
| **Packing Costs** | |
| **Freight Costs** | |
| **Other Costs** | |
| **Insurance Costs** | |
| **Total Invoice Value** | **1.00 USD** |