COMMERCIAL INVOICE

Date: _____
Invoice #: _____

[CORPORATE NAME]
[Address Line 1]
[City, State, Zip, Country]
[Tax ID / VAT Number]

Exporter / Shipper

Name: _____
Address: _____
Country: _____
Contact: _____

Consignee / Receiver

Name: _____
Address: _____
Country: _____
Tax ID: _____

Shipping Details

Carrier: _____
Waybill #: _____
Incoterms: _____

Payment Terms

Currency: _____
Method: _____
PO #: _____

Description of Goods	HS Code	Qty	Unit Price	Total

Description of Goods	HS Code	Qty	Unit Price	Total

Subtotal: _____

Shipping: _____

Insurance: _____

Total Value: _____

Declaration: I declare that all the information contained in this invoice is true and correct and that the contents of this shipment are as stated above.

Signature: _____ Date: _____