COMMERCIAL INVOICE

Invoice No: _____
Date: _____
PO No: _____

EXPORTER / SHIPPER

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

CONSIGNEE / IMPORTER

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

SHIPMENT DETAILS

Mode of Transport: _____
Port of Loading: _____
Port of Discharge: _____
Final Destination: _____

PAYMENT & TRADE TERMS

Incoterms: _____
Currency: _____
Payment Terms: _____
Vessel/Flight No: _____

Description of Goods	HS Code	Qty	Unit	Unit Price	Total

PACKAGE SUMMARY

Total Cartons: _____
Gross Weight: _____ KG
Net Weight: _____ KG
Dimensions/CBM: _____

Subtotal: _____
Freight: _____
Insurance: _____
TOTAL: _____

DECLARATION

We hereby certify that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Authorized Signature: _____
Company Stamp: _____