COMMERCIAL INVOICE

[Company Name]
[Address Line 1]
[Address Line 2]
Tax ID/VAT: _____

Invoice #: _____
Date: _____
BOL #: _____
PO #: _____

SHIPPER / EXPORTER

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

CONSIGNEE / IMPORTER

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

SHIPMENT DETAILS (LTL)

Mode: International Road / LTL
Total Pallets: _____
Total Weight: _____
Incoterms: _____

PAYMENT TERMS

Currency: _____
Due Date: _____
Payment Method: _____

Description of Goods	HS Code	Qty	Unit	Weight	Unit Price	Total

Subtotal: _____
Freight Charges: _____
Insurance: _____

TOTAL VALUE: _____

Declaration: We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Authorized Signature: _____

Date: _____

Country of Origin: _____