COMMERCIAL INVOICE

[Company Name]
[Street Address]
[City, State, Zip, Country]
Phone: [Phone Number]
Tax ID/VAT: [Tax ID]

Invoice No: [_____]
Date: [_____]
PO Ref: [_____]
Currency: [_____]

EXPORTER / SHIPPER

[Full Name/Company]
[Address Line 1]
[Address Line 2]
[Country]
Contact: [Name]

CONSIGNEE / SHIP TO

[Client Name/Company]
[Address Line 1]
[Address Line 2]
[Country]
Tax ID: [Client Tax ID]

Country of Origin:
[_____]
Port of Loading:
[_____]
Port of Discharge:
[_____]
Incoterms:
[e.g. FOB/CIF/DDP]
Mode of Transport:
[Air/Sea/Road]
Payment Terms:
[Net 30/Wire Transfer]

HS CODE	DESCRIPTION OF GOODS	QTY	UNIT	UNIT PRICE	TOTAL
[Code]	[Item Name and Specifications]	[0]	[Pcs]	[0.00]	[0.00]

HS CODE	DESCRIPTION OF GOODS	QTY	UNIT	UNIT PRICE	TOTAL

Subtotal: [0.00]
Shipping & Handling: [0.00]
Insurance: [0.00]

Total Value ([Currency]): [0.00]

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

Authorized Signature & Stamp