COMMERCIAL INVOICE

Invoice #: _____
Date: _____

EXPORTER / SHIPPER

Name: _____
Address: _____
City/State: _____
Country: _____
Tax ID/VAT: _____

CONSIGNEE / IMPORTER

Name: _____
Address: _____
City/State: _____
Country: _____
Tax ID/VAT: _____

SHIPPING INFORMATION

Carrier: _____
AWB/BL #: _____
Port of Loading: _____
Port of Discharge: _____

PAYMENT & TRADE TERMS

Incoterms 2020: _____
Currency: _____
Payment Terms: _____
Country of Origin: _____

Description of Goods (including HS Code)	Qty	Unit	Unit Price	Total

Subtotal: _____
Freight: _____
Insurance: _____
Total Value: _____

DECLARATION

I declare that the information mentioned above is true and correct to the best of my knowledge and that the contents of this shipment are as stated above.

_____

Authorized Signature

_____

Title / Date

Total Packages: _____ | Total Net Weight: _____ | Total Gross Weight: _____