COMMERCIAL INVOICE

Invoice No: _____
Date: _____

SHIPPER / EXPORTER

Name: _____
Address: _____
City/Country: _____
Contact: _____

CONSIGNEE / IMPORTER

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

OCEAN FREIGHT DETAILS

Vessel/Voyage: _____
Port of Loading: _____
Port of Discharge: _____
B/L Number: _____

PAYMENT & TRADE TERMS

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

Marks & Nos.	Description of Goods	Qty	Unit Price	Total Value

PACKAGE SUMMARY

Total Packages: _____
Gross Weight: _____
Net Weight: _____
Measurement (CBM): _____

Subtotal: _____
Insurance: _____
Freight: _____

Total Amount: _____

These commodities, technology, or software were exported from the country of origin in accordance with Export Administration Regulations. Diversion contrary to law is prohibited.

Authorized Signature & Stamp