COMMERCIAL INVOICE

Date: _____
Invoice #: _____
PO #: _____

Exporter / Shipper	**Consignee / Importer**
Name: _____ Address: _____ City/State: _____ Country: _____ Tax ID/EIN: _____	Name: _____ Address: _____ City/State: _____ Country: _____ Tax ID/VAT: _____

Country of Origin	**Final Destination**	**Incoterms (2020)**	**Mode of Transport**
_____	_____	_____	_____

HS Code	**Description of Goods**	**Qty**	**Unit Price**	**Total Value**

Terms of Payment: _____ **Currency:** _____	**Subtotal**	
	Insurance/Freight	
	Total Invoice Value	

Declaration: I declare that all the information contained in this invoice is true and correct and that the contents of this shipment are as stated above. _____ Authorized Signature & Date	**Total Net Weight:** _____ **Total Gross Weight:** _____ **Total Packages:** _____