

COMMERCIAL INVOICE

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

Invoice #: _____
Date: _____
PO #: _____

BILL TO:

SHIP TO:

Item SKU / Description	Quantity	Unit (kg/lb/ea)	Unit Price	Total

Subtotal: \$ _____
Freight / Shipping: \$ _____
Tax: \$ _____

Total Amount: \$ _____

PAYMENT TERMS & INSTRUCTIONS

Payment Terms: [e.g., Net 30]

Bank Name: _____

SWIFT/BIC: _____

Account Number: _____

Thank you for your business.