

COMMERCIAL INVOICE

Date: _____
Invoice #: _____
PO #: _____

SHIPPER / EXPORTER

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

CONSIGNEE / IMPORTER

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

SHIPPING INFORMATION

Carrier: _____
Waybill/Tracking: _____
Port of Loading: _____
Final Destination: _____

TERMS & CURRENCY

Incoterms: _____
Currency: _____
Reason for Export: _____
Country of Origin: _____

Qty	Unit	Description of Goods (Include HS Code)	Unit Value	Total Value

Subtotal: _____

Shipping/Freight: _____

Insurance: _____

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

Name/Title: _____ Date: _____