

COMMERCIAL INVOICE

Invoice No: _____

Date: _____

PO No: _____

EXPORTER / SHIPPER

Name: _____

Address: _____

Tax ID/VAT: _____

Contact: _____

CONSIGNEE / IMPORTER

Name: _____

Address: _____

Tax ID/VAT: _____

Contact: _____

SHIPPING INFORMATION

Country of Origin: _____

Final Destination: _____

Carrier/Vessel: _____

Port of Loading: _____

TERMS OF SALE

Incoterms 2020: _____

Payment Terms: _____

Currency: _____

Total Packages: _____

HS Code	Description of Goods	Qty	Unit	Unit Price	Total Price

HS Code	Description of Goods	Qty	Unit	Unit Price	Total Price

Subtotal: _____

Insurance: _____

Freight: _____

TOTAL: _____

Declaration: We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Authorized Signature: _____

Date: _____