COMMERCIAL INVOICE

Date: [Date]
Invoice #: [Number]

SHIPPER / EXPORTER
[Company Name]
[Address]
[Contact Info / VAT Number]

CONSIGNEE (SHIP TO)
[Recipient Name]
[Recipient Address]
[Country]
[Phone/Email]

NOTIFY PARTY
[Name/Company]
[Address]
[Contact Details]

VESSEL / VOYAGE	PORT OF LOADING	PORT OF DISCHARGE	FINAL DESTINATION
[Vessel Name]	[Port City, Country]	[Port City, Country]	[Final City]

MARKS & NOS.	QTY / UNIT	DESCRIPTION OF GOODS (HS CODE)	UNIT VALUE	TOTAL VALUE
[Container #] [Seal #]	[Pieces/Pkgs]	[Detailed Description] HS CODE: [0000.00]	[Currency] [0.00]	[Currency] [0.00]

INCOTERMS	[e.g. FOB, CIF, DAP]

PAYMENT TERMS	[e.g. Net 30, LC]
GROSS/NET WEIGHT	[000 kg / 000 kg]

Subtotal: 0.00

Freight: 0.00

Insurance: 0.00

TOTAL: [CUR] 0.00

Declaration: We certify that this invoice is true and correct and that the goods are of [Country] origin.

Authorized Signature