COMMERCIAL INVOICE

[Skate Shop Name]
[Street Address]
[City, State, Zip]
[Phone/Email]
[Tax ID/VAT Number]

Invoice #: _____
Date: _____
PO #: _____

BILL TO (CONSIGNEE)

[Customer Name/Company]
[Street Address]
[City, State, Country]
[Phone Number]

SHIP TO

[Shipping Address]
[City, State, Zip]
[Country]
[Contact Name]

SHIPPING DETAILS

Carrier: _____
Tracking: _____
Incoterms: _____

PAYMENT TERMS

Method: _____
Due Date: _____
Currency: [USD/EUR/etc]

SKU / Item #	Description	Qty	Unit Price	Total

SKU / Item #	Description	Qty	Unit Price	Total

Subtotal: _____
Bulk Discount: _____
Shipping: _____
Tax: _____

GRAND TOTAL: _____

Declaration: We certify that this invoice is true and correct and that the contents of this shipment are as stated above.

Authorized Signature: _____ Date: _____