[SKATE SHOP NAME]

[Street Address]
[City, State, Zip]
[Country]
VAT/Tax ID: [Number]

COMMERCIAL INVOICE

Invoice #: _____
Date: _____
PO #: _____

EXPORTER / SELLER

[Full Name/Company]
[Address]
[Phone]
[Email]

IMPORTER / SHIP TO

[Full Name/Company]
[Address]
[Country]
[Phone]

SHIPPING METHOD

[Air/Sea/Road]

INCOTERMS

[e.g. DAP, EXW, FOB]

CURRENCY

[e.g. USD, EUR]

DESCRIPTION OF GOODS (DECKS, TRUCKS, WHEELS)	HS CODE	QTY	UNIT PRICE	TOTAL

Subtotal: _____
Shipping: _____
Insurance: _____

Total Value: _____

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

_____
Authorized Signature / Date