COMMERCIAL INVOICE

Invoice #: _____
Date: _____

VENDOR INFORMATION
[Brand/Company Name]
[Street Address]
[City, State, Zip, Country]
Tax ID/VAT: _____

EXPORTER / CONSIGNOR

[Name]
[Address]
[Phone/Email]

IMPORTER / CONSIGNEE

[Name]
[Address]
[Phone/Email]

SHIPPING DETAILS

Carrier: _____
Tracking #: _____
Port of Loading: _____

PAYMENT TERMS

Incoterms: _____
Currency: _____
Payment Method: _____

DESCRIPTION (MATERIAL, DIAMETER, DUROMETER)	HS CODE	QTY (SETS)	UNIT WEIGHT	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. No hazardous materials are included. Country of Origin: [Country Name]

Authorized Signature