COMMERCIAL INVOICE

Date: _____
Invoice #: _____

Exporter / Shipper

Name: _____
Address: _____
City/State: _____
Country: _____
Tax ID/VAT: _____

Consignee / Importer

Name: _____
Address: _____
City/State: _____
Country: _____
Phone: _____

Shipping Details

Carrier: _____
Tracking #: _____
Incoterms: _____
Reason for Export: [ ] Sale [ ] Sample

Payment Terms

Currency: _____
Method: _____
Country of Origin: _____

Description of Goods (Decks, Trucks, Wheels, etc.)	HS Code	Qty	Unit	Unit Price	Total Value

Subtotal: _____
Shipping/Freight: _____
Insurance: _____
TOTAL VALUE: _____

I declare that all the information contained in this invoice is true and correct.

Signature: _____ Date: _____