COMMERCIAL INVOICE

Invoice No: _____
Date: _____

SHIPPED FROM:
[Company Name]
[Address Line 1]
[City, State, Zip]
[Country]
VAT/Tax ID: _____

SOLD TO (IMPORTER)

[Customer Name]
[Address Line 1]
[City, State, Zip]
[Country]
Phone: _____

SHIP TO (RECEIVER)

[Recipient Name]
[Delivery Address]
[City, State, Zip]
[Country]
Contact: _____

Terms of Sale (Incoterms): _____
Reason for Export: Sale of Goods
Carrier: _____
AWB/Tracking No: _____

Description of Protective Gear	HS Code	Qty	Unit	Unit Price (USD)	Total (USD)
Skateboarding Helmets (Multi-impact)	6506.10		pcs		
Pro Knee Pads (Heavy Duty)	9506.99		prs		
Elbow Pads (Contoured Slim-fit)	9506.99		prs		
Wrist Guards (Reinforced Splint)	9506.99		prs		

Description of Protective Gear	HS Code	Qty	Unit	Unit Price (USD)	Total (USD)
Padded Impact Shorts	6212.90		pcs		

Subtotal: $ _____
Shipping: $ _____
Insurance: $ _____

TOTAL VALUE: $ _____

Declaration: I declare that all the information contained in this invoice is true and correct and that the contents of this shipment are as stated above.

Authorized Signature: _____ Date: _____

Country of Origin: [Insert Country]