

COMMERCIAL INVOICE

[Wholesale Company Name]
[Address Line 1]
[Address Line 2]
Tax ID: [Number]

Invoice #: [000000]
Date: [YYYY-MM-DD]
PO #: [Reference]

BILL TO:

[Customer Name]
[Company Name]
[Billing Address]
[Phone/Email]

SHIP TO:

[Receiver Name]
[Shipping Address]
[Port of Entry/Instructions]

PAYMENT TERMS

[e.g. Net 30]

INCOTERMS

[e.g. FOB / CIF]

CARRIER

[Freight Company]

WEIGHT (NET/GROSS)

[0.00 / 0.00 KG]

SKU / HS Code	Description of Goods	Qty (Units)	Case/Pallet	Unit Price	Total
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]

Subtotal: [0.00]

Shipping & Handling: [0.00]

Insurance: [0.00]

Tax / VAT: [0.00]

Total Payable ([Currency]): [0.00]

Declaration: We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Banking Details: [Bank Name] | **SWIFT/BIC:** [Code] | **Account/IBAN:** [Number]