

COMMERCIAL INVOICE

Invoice #: _____
Date: _____
Order Ref: _____

Merchant: [Company Name]
[Street Address]
[City, State, Zip]
[Tax ID/VAT Number]

Bill To:
[Customer Name]
[Billing Address]
[Country]

Ship To:
[Consignee Name]
[Shipping Address]
[Country]

Shipping Method: _____
Port of Loading: _____
Port of Discharge: _____

Payment Terms: _____
Incoterms: _____
Currency: _____

SKU / Item #	Description	Quantity	Unit Price	Total

Subtotal: 0.00
Shipping/Freight: 0.00
Insurance: 0.00
Grand Total: 0.00

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

Signature: _____ **Date:** _____