COMMERCIAL INVOICE

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

Invoice #: [00000]

Date: [YYYY-MM-DD]

PO Number: [Reference]

BILL TO:
[Buyer Company Name]
[Department/Contact]
[Street Address]
[City, State, Zip]
SHIP TO:
[Warehouse/Store Location]
[Street Address]
[City, State, Zip]

TERMS: [Net 30/60]
CURRENCY: [USD/EUR]
SHIP VIA: [Carrier Name]

SKU / Item #	Description	Quantity	Unit Price	Total
[Item Code]	[Product Name / Specification]	[0]	[0.00]	[0.00]

Subtotal: [0.00]
Wholesale Discount: ([0.00])

Shipping & Handling: [0.00]
Tax / VAT: [0.00]

TOTAL DUE: [0.00]

REMITTANCE ADVICE:
Bank Name: [Name]
SWIFT/BIC: [Code]
Account Number / IBAN: [Number]

Notes: Please include invoice number with your payment. Goods remain property of [Your Company] until paid in full.