COMMERCIAL INVOICE

Date: _____
Invoice #: _____

SENDER / EXPORTER
Company Name:
Address:
Tax ID / VAT:
Contact:

SHIP TO (CONSIGNEE)

Company Name:
Address:
Country:
Contact Name:
Phone:

SHIPPING DETAILS

Forwarder:
AWB/Tracking #:
Incoterms:
Country of Origin:
Payment Terms:

SKU / HS Code	Description of Goods	Qty	Unit	Unit Price	Total Value

DECLARATION & NOTES

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

Total Packages: _____
Gross Weight: _____ kg
Net Weight: _____ kg

Subtotal: _____
Shipping: _____
Insurance: _____

TOTAL (USD): _____

Authorized Signature: _____
Date: _____