COMMERCIAL INVOICE

Date: _____
Invoice #: _____

Logistics Provider
Company Name
Address Line 1
City, State, Zip
Tax ID / VAT: _____

EXPORTER / SHIPPER

Name:
Address:
Country:
Contact/Phone:

IMPORTER / CONSIGNEE

Name:
Address:
Country:
Tax ID (EIN/EORI):

SHIPPING DETAILS

AWB/BOL #: _____
Port of Loading: _____
Port of Discharge: _____
Incoterms: _____

CARGO SUMMARY

Total Packages: _____
Gross Weight: _____
Net Weight: _____
Currency: _____

HS Code	Description of Goods	Qty	Unit Price	Total

HS Code	Description of Goods	Qty	Unit Price	Total

Subtotal: _____
Insurance: _____
Freight: _____

Total Value: _____

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

Authorized Signature: _____ Date: _____