COMMERCIAL INVOICE

[Manufacturer Name]
[Street Address]
[City, State, Zip, Country]
Tax ID / VAT: [Number]

Invoice No: [_____]
Date: [YYYY-MM-DD]
P.O. No: [_____]
Export License: [_____]

EXPORTER / SHIPPER

[Company Name]
[Contact Person]
[Phone/Email]

CONSIGNEE / IMPORTER

[Recipient Company Name]
[Address]
[Country]

SHIPPING DETAILS

Mode of Transport: [Air/Sea/Road]
Port of Loading: [City, Country]
Port of Discharge: [City, Country]

PAYMENT & TRADE TERMS

Incoterms: [e.g., FOB, CIF, EXW]
Currency: [e.g., USD, EUR]
Payment Terms: [e.g., Net 30]

HS Code	Description of Goods	Qty	Unit	Unit Price	Total
[0000.00]	[Product Name & Specifications]	[0]	[pcs]	[0.00]	[0.00]

HS Code	Description of Goods	Qty	Unit	Unit Price	Total
[0000.00]	[Product Name & Specifications]	[0]	[pcs]	[0.00]	[0.00]

Package Details:
Total Net Weight: [0.00 kg]
Total Gross Weight: [0.00 kg]
Total Packages: [0] [Pallets/Cartons]

Country of Origin: [Country Name]

Subtotal:0.00
Freight:0.00
Insurance:0.00

TOTAL:[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.

Authorized Signature & Stamp