COMMERCIAL INVOICE

Invoice No: _____
Date: _____

EXPORTER / SHIPPER

Name: _____
Address: _____
Country: _____
Contact: _____
Tax ID: _____

CONSIGNEE / IMPORTER

Name: _____
Address: _____
Country: _____
Contact: _____
Tax ID: _____

SHIPPING INFORMATION

Port of Loading: _____
Port of Discharge: _____
Vessel/Flight No: _____
AWB/BOL No: _____

PAYMENT & TRADE TERMS

Incoterms 2020: _____
Currency: _____
Payment Method: _____
Country of Origin: _____

HS Code	Description of Goods	Qty	Unit	Unit Price	Total Value

HS Code	Description of Goods	Qty	Unit	Unit Price	Total Value

Subtotal: _____

Freight/Insurance: _____

Grand Total: _____

PACKAGE DETAILS

Total Net Weight: _____ | Total Gross Weight: _____ | Total Packages: _____

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