

COMMERCIAL / CUSTOMS INVOICE

Date: _____

Shipper / Exporter:

Name: _____

Address: _____

City/State: _____

Country: _____

Tax ID/VAT: _____

Consignee / Receiver:

Name: _____

Address: _____

City/State: _____

Country: _____

Phone: _____

Shipping Information:

Waybill/Tracking #: _____

Carrier: _____

Export Reason: _____

Payment Terms:

Incoterms: _____

Currency: _____

PO Number: _____

Description of Goods	HS Code	Qty	Weight	Unit Value	Total Value

Subtotal: _____

Shipping: _____

Insurance: _____

Total Value: _____

I declare that all the information contained in this invoice is true and correct.

Authorized Signature