

COMMERCIAL INVOICE

Invoice No: _____

Date: _____

EXPORTER / SHIPPER:

Name: _____

Address: _____

Tax ID/VAT: _____

Country: _____

CONSIGNEE / IMPORTER:

Name: _____

Address: _____

Tax ID/VAT: _____

Country: _____

TRANSPORT DETAILS:

Incoterms 2020: _____

Port of Loading: _____

Port of Discharge: _____

Vessel/Flight No: _____

PAYMENT TERMS:

Currency: _____

Method: _____

Bank Info: _____

SWIFT/IBAN: _____

Description of Goods / HS Code	Qty	Unit	Unit Price	Total

Description of Goods / HS Code	Qty	Unit	Unit Price	Total

Subtotal: _____

Freight: _____

Insurance: _____

TOTAL: _____

Packing Details: Total Gross Weight: _____ | Total Packages: _____

Declaration: We hereby certify that this invoice is true and correct, and that the contents of this shipment are as stated above.

Authorized Signature:

Company Stamp:

SEAL