COMMERCIAL INVOICE

Invoice #: _____
Date: _____

EXPORTER (SELLER)

Name: _____
Address: _____
City/Post: _____
Country: _____
Tax ID/VAT: _____

IMPORTER (CONSIGNEE)

Name: _____
Address: _____
City/Post: _____
Country: _____
Tax ID/VAT: _____

SHIPPING INFORMATION

Mode of Transport: _____
Port of Loading: _____
Port of Discharge: _____
Vessel/Flight No: _____

PAYMENT & TRADE TERMS

Incoterms 2020: _____
Currency: _____
Payment Terms: _____
L/C Number: _____

HS Code	Description of Goods	Qty	Unit	Unit Price	Total Price

HS Code	Description of Goods	Qty	Unit	Unit Price	Total Price

Subtotal: _____
Freight: _____
Insurance: _____

Total Invoice Value: _____

Country of Origin: _____

Declaration: We hereby certify that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Authorized Signature: _____ Stamp/Seal: