COMMERCIAL INVOICE

Invoice No: _____
Date: _____

EXPORTER / SHIPPER:

Name:
Address:
Tax ID / EORI:

CONSIGNEE / IMPORTER:

Name:
Address:
Tax ID / VAT:

SHIPPING DETAILS:
Country of Origin: _____
Port of Loading: _____
Final Destination: _____
Carrier / AWB: _____

TERMS:
Incoterms (2020): _____
Currency Code: _____
Payment Terms: _____

Description of Goods	HS Code	Qty	Unit	Unit Value	Total Value

Subtotal: _____
Shipping: _____
Insurance: _____

TOTAL VALUE: _____

Packing Summary:

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

I declare that all the information contained in this invoice to be true and correct and that the contents of this shipment are as stated above.

Signature: _____
Title / Date: _____