INVOICE

Company Name
Global Headquarters Address
Tax ID: 00-0000000

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:
[Client Name]
[Billing Address]
[Country]
[VAT/Tax ID]
SHIP TO / CONSIGNEE:
[Delivery Address]
[Port of Discharge]
[Incoterms: e.g., FOB, CIF]

Vessel/Flight No: _____
Bill of Lading/AWB: _____
Country of Origin: _____
Currency: [USD/EUR/GBP]

HS CODE	DESCRIPTION OF GOODS	QTY	UNIT	PRICE	AMOUNT

Subtotal: 0.00
Freight: 0.00
Insurance: 0.00

Total: 0.00

Payment Terms: [Net 30/Wire Transfer/Letter of Credit]

Bank Details: SWIFT: _____ | IBAN: _____ | Bank Name: _____

We hereby certify that this invoice is true and correct and that the goods are of [Country] origin.