COMMERCIAL INVOICE

Invoice #: _____
Date: _____
PO #: _____

EXPORTER / VENDOR

[Company Name]
[Street Address]
[City, Country, Zip]
Tax ID/VAT: _____

CONSIGNEE / IMPORTER

[Customer Name]
[Street Address]
[City, Country, Zip]
Tax ID/VAT: _____

SHIPPING INFORMATION

Mode of Transport: _____
Port of Loading: _____
Port of Discharge: _____

PAYMENT & TRADE TERMS

Incoterms: _____
Currency: _____
Payment Terms: _____

HS Code	Description of Goods	Qty	Unit	Unit Price	Total

Subtotal: 0.00

Freight: 0.00

Insurance: 0.00

Total Value: 0.00

DECLARATION

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Bank Name: _____ | SWIFT/BIC: _____ | IBAN: _____
Country of Origin: _____ | Total Packages: _____ | Gross Weight: _____