COMMERCIAL INVOICE

[Manufacturer Name]
[Factory Address]
[Country of Origin]

Invoice #: _____
Date: _____
PO #: _____

EXPORTER / MANUFACTURER

[Name]
[Address]
[Tax ID / VAT]
[Contact Number]

IMPORTER OF RECORD

[Name]
[Address]
[Tax ID / EIN]
[Contact Number]

SHIPPING DETAILS

Port of Loading: _____
Port of Discharge: _____
Incoterms: _____

PAYMENT TERMS

Currency: _____
Method: _____
Due Date: _____

HS Code	Description of Goods	Qty	Unit	Unit Price	Total

Subtotal: _____
Freight: _____
Insurance: _____
Total Value: _____

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

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

Authorized Signature: _____