[FOREIGN SUPPLIER NAME]
[Street Address]
[City, State/Province, Zip/Postal Code]
[Country]
[Phone Number]
[Tax ID/VAT Number]

COMMERCIAL INVOICE

No: [Invoice Number]
Date: [YYYY-MM-DD]

BILL TO (BUYER)

[Company Name]
[Street Address]
[City, State/Province]
[Country]
[Tax ID/VAT Number]

SHIP TO (IF DIFFERENT)

[Receiver Name/Warehouse]
[Street Address]
[City, State/Province]
[Country]

SHIPPING & LOGISTICS

Incoterms: [e.g., FOB, CIF, EXW]
Port of Loading: [City, Country]
Port of Discharge: [City, Country]
Vessel/Flight No: [Details]

PAYMENT TERMS

Currency: [USD/EUR/GBP/etc.]
Due Date: [YYYY-MM-DD]
Method: [Wire Transfer/Letter of Credit]

HS Code	Description of Goods	Quantity	Unit	Unit Price	Amount
[8471.30]	[Product Name/Description]	[000]	[pcs/kg]	[0.00]	[0.00]

HS Code	Description of Goods	Quantity	Unit	Unit Price	Amount

Subtotal: [0.00]
Shipping/Freight: [0.00]
Insurance: [0.00]
Total Value ([Currency]): [0.00]

BANKING INSTRUCTIONS

Bank Name: [Bank Name]
SWIFT/BIC: [Code]
IBAN/Account No: [Number]
Beneficiary: [Supplier Name]

Country of Origin: [Origin Country]

I declare that the information in this invoice is true and correct and that the contents of this shipment are as stated above.

_____
Authorized Signature