COMMERCIAL INVOICE

Invoice #: [INV-000]
Date: [YYYY-MM-DD]

[Supplier Name]
[Supplier Address Line 1]
[City, Country, Zip]
VAT/Tax ID: [ID-0000]

Bill To:

[Customer Name]
[Customer Address Line 1]
[City, State, Country, Zip]
Contact: [Phone/Email]

Ship To:

[Shipping Name/Warehouse]
[Shipping Address Line 1]
[City, State, Country, Zip]
Shipping Method: [FedEx/DHL/Air Freight]

P.O. Number:
[PO-12345]
Payment Terms:
[Net 30 / Pre-paid]
Currency:
[USD/EUR]

Item / MPN	Description	Manufacturer	Qty	Unit Price	Total
[Part Number]	[Electronic Component Description]	[Brand Name]	[0]	[0.00]	[0.00]
[Part Number]	[Electronic Component Description]	[Brand Name]	[0]	[0.00]	[0.00]

Subtotal: 0.00
Shipping/Freight: 0.00
Insurance: 0.00

Total Amount: 0.00

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

Country of Origin: [CN/US/MY/JP] | **Incoterms:** [EXW/FOB/DAP]

Banking Details: [Bank Name] | SWIFT: [CODE] | Account: [Number]