COMMERCIAL INVOICE

[Exporter Company Name]
[Address]
[Tax ID / EORI Number]

Invoice No: _____
Date: _____

Consignee (Importer)

[Full Name/Company]
[Street Address]
[City, State, Zip]
[Country]
[Phone/Contact]

Shipping Details

Port of Loading: _____
Port of Discharge: _____
Vessel/Flight No: _____
Incoterms: _____

HS Code	Description of Machinery (Model/Serial No.)	Qty	Unit Price	Total (USD)

Subtotal: _____
Freight: _____
Insurance: _____

Total Value: _____

Country of Origin: _____

Payment Terms: _____

Declaration: We hereby certify that the information on this invoice is true and correct and that the contents of this shipment are as stated above.

Authorized Signature: _____ Date: _____