COMMERCIAL INVOICE

Port & Terminal Equipment Imports

Invoice #: _____

Date: _____

EXPORTER / SHIPPER

_____
_____
_____
Country: _____

CONSIGNEE / IMPORTER

_____
_____
_____
Tax ID: _____

SHIPPING DETAILS

Vessel/Voyage: _____
Port of Loading: _____
Port of Discharge: _____
B/L Number: _____

PAYMENT & TERMS

Incoterms: _____
Currency: _____
Payment Method: _____

HS Code	Description of Equipment	Qty	Unit Price	Total Amo
_____	_____	_____	_____	_____

HS Code	Description of Equipment	Qty	Unit Price	Total Amo
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

DECLARATION

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

_____
Authorized Signature & Company Stamp