

COMMERCIAL INVOICE

Invoice #:

Date:

[EXPORTER COMPANY NAME]

[Address Line 1]

[City, State, Zip, Country]

VAT/Tax ID:

Contact:

CONSIGNEE (BILL TO)

[Importer Company Name]

[Address Line 1]

[City, State, Zip, Country]

Tax ID / EIN:

Phone:

NOTIFY PARTY (SHIP TO)

[Recipient Name/Company]

[Address Line 1]

[City, State, Zip, Country]

Delivery Contact:

Country of Origin:

Incoterms:

Payment Terms:

Port of Loading:

Port of Discharge:

Vessel/Flight No:

Bill of Lading #:

Currency:

Total Packages:

MARKS &
NOS.

FULL DESCRIPTION OF GOODS (FIBER CONTENT /
CONSTRUCTION)

HS
CODE

QTY /
UNIT

UNIT
PRICE

TOTAL
VALUE

**MARKS &
NOS.**

**FULL DESCRIPTION OF GOODS (FIBER CONTENT /
CONSTRUCTION)**

**HS
CODE**

**QTY /
UNIT**

**UNIT
PRICE**

**TOTAL
VALUE**

PACKING DETAILS

Gross Weight:

Net Weight:

Dimensions/Volume:

DECLARATION

We hereby certify that this invoice is true and correct and that the contents of this shipment are as stated above. Textile products are labeled according to international fiber content regulations.

Subtotal: 0.00

Freight Charges: 0.00

Insurance: 0.00

TOTAL INVOICE VALUE: 0.00

Authorized Signature: _____

Company Stamp: _____