

COMMERCIAL INVOICE

Manufacturer: [Factory Name]
[Address Line 1]
[Address Line 2]
[Tax ID / VAT No.]

Invoice No: [_____]
Date: [YYYY-MM-DD]
P.O. No: [_____]
Country of Origin: [_____]

CONSIGNEE (BILL TO)

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

SHIPPING DETAILS

Port of Loading: [_____]
Port of Discharge: [_____]
Incoterms: [e.g. FOB / CIF]
Carrier / Vessel: [_____]

Style #	Description of Goods (inc. Material %)	HTS Code	Qty (Pcs)	Unit Price	Total Value
Total Quantity:		[_____] Pcs			
Subtotal:		[Currency] 0.00			

Freight/Insurance:	[Currency] 0.00
Grand Total:	[Currency] 0.00

PACKING DETAILS

Total Cartons: [____]
Gross Weight: [____] KG
Net Weight: [____] KG

PAYMENT INFORMATION

Bank: [Bank Name]
SWIFT/BIC: [____]
Account #: [____]

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

Authorized Signature & Company Stamp