

COMMERCIAL INVOICE

Warehouse Supply Import

Invoice #: _____

Date: _____

PO #: _____

EXPORTER / SHIPPER

[Company Name]

[Street Address]

[City, State, Zip, Country]

Tax ID: _____

IMPORTER / BILL TO

[Company Name]

[Street Address]

[City, State, Zip, Country]

Contact: _____

SHIPPING DETAILS

Vessel/Flight: _____

Port of Loading: _____

Port of Discharge: _____

Incoterms: _____

PAYMENT TERMS

Method: _____

Currency: _____

Due Date: _____

HS Code	Description of Goods	Qty	Unit	Price	Total

HS Code

Description of Goods

Qty

Unit

Price

Total

Subtotal: _____

Shipping/Freight: _____

Insurance: _____

Total Value (Invoice Amount): _____

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

Authorized Signature: _____