

COMMERCIAL INVOICE

Date: _____

Invoice #: _____

Exporter / Shipper:

Name: _____

Address: _____

Tax ID/VAT: _____

Contact: _____

CONSIGNEE (SHIP TO)

Name: _____

Address: _____

Country: _____

Tax ID/VAT: _____

NOTIFY PARTY / IMPORTER

Name: _____

Address: _____

Country: _____

Tax ID/VAT: _____

SHIPMENT DETAILS

Mode of Transport: _____

Port of Loading: _____

Port of Discharge: _____

Incoterms: _____

PAYMENT TERMS

Currency: _____

Payment Method: _____

Bill of Lading #: _____

Awb #: _____

Marks & Nos.	Description of Goods (inc. HS Code)	Qty	Unit	Unit Price	Total Value

Marks & Nos.	Description of Goods (inc. HS Code)	Qty	Unit	Unit Price	Total Value

Subtotal: _____

Freight/Insurance: _____

Total Invoice Value: _____

Total Packages: _____

Gross Weight: _____

Net Weight: _____

Country of Origin: _____

I declare that the information mentioned above is true and correct to the best of my knowledge and that the contents of this shipment are as stated above.

 Authorized Signature / Company Stamp