

# COMMERCIAL INVOICE

[Manufacturer Name]  
[Street Address]  
[City, Country, Zip]  
VAT ID: [Number]

**Invoice #:** [000000]

**Date:** [YYYY-MM-DD]

**PO Number:** [Reference]

**Incoterms:** [e.g., FOB/CIF]

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## EXPORTER / MANUFACTURER

[Company Name]  
[Contact Name]  
[Phone Number]  
[Email Address]

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## IMPORTER / CONSIGNEE

[Company Name]  
[Street Address]  
[City, State, Zip, Country]  
Tax ID/EIN: [Number]

SKU / Part No.	Product Description	HS Code	Qty	Unit Price	Total
[SKU-001]	[Item Name and Specifications]	[0000.00]	[0]	[0.00]	[0.00]
[SKU-002]	[Item Name and Specifications]	[0000.00]	[0]	[0.00]	[0.00]

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Subtotal: [0.00]  
Shipping/Freight: [0.00]  
Insurance: [0.00]

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**Total Payable ([Currency]): [0.00]**

**Country of Origin:** [Country Name]

**Payment Terms:** [e.g., Net 30 / Wire Transfer]

**Shipping Marks:** [Container/Seal Numbers]

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I declare that all information contained in this invoice to be true and correct.

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Authorized Signature & Date