

COMMERCIAL INVOICE

Invoice No: _____

Date: _____

PO No: _____

EXPORTER / SHIPPER (SELLER)

Name: _____

Address: _____

Country: _____

Tax ID/VAT: _____

IMPORTER / CONSIGNEE (BUYER)

Name: _____

Address: _____

Country: _____

Tax ID/VAT: _____

SHIPPING DETAILS

Mode of Transport: _____

Port of Loading: _____

Port of Discharge: _____

Incoterms: _____

PAYMENT & CURRENCY

Currency: _____

Payment Terms: _____

Country of Origin: _____

Total Packages: _____

HS Code	Description of Goods	Quantity	Unit	Unit Price	Total

Subtotal: _____
Freight/Insurance: _____
TOTAL INVOICE VALUE: _____

DECLARATION 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 / Stamp

Date