

COMMERCIAL INVOICE

Invoice #: _____

Date: _____

Sender / Exporter:

Name: _____

Address: _____

Tax ID/VAT: _____

CONSIGNEE (SHIP TO)

Name: _____

Address: _____

Country: _____

Contact: _____

Tax ID/EIN: _____

NOTIFY PARTY / BROKER

Name: _____

Agent Code: _____

Contact: _____

Incoterms:

Mode of Transport:

Port of Loading:

Port of Discharge:

Vessel/Flight No:

Country of Origin:

HS Code	Description of Goods	Qty	Unit	Unit Value	Total (USD)

HS Code	Description of Goods	Qty	Unit	Unit Value	Total (USD)

Subtotal: \$ _____

Freight: \$ _____

Insurance: \$ _____

Total Value: \$ _____

PACKAGE SUMMARY

Total Gross Weight: _____ kg | Total Net Weight: _____ kg | Total Packages: _____

Declaration: We hereby certify that the information on this invoice is true and correct and that the contents of this shipment are as stated above.

Authorized Signature: _____

Company Stamp: _____