

COMMERCIAL INVOICE

Invoice #: _____
Date: _____
PO #: _____

SHIPPER / EXPORTER

Company Name: _____
Address: _____
Contact: _____
Tax ID/VAT: _____

CONSIGNEE / IMPORTER

Company Name: _____
Address: _____
Contact: _____
Tax ID/VAT: _____

SHIPPING INFORMATION

Carrier: _____
Waybill #: _____
Port of Loading: _____
Port of Discharge: _____

TERMS & ORIGIN

Incoterms: _____
Currency: _____
Country of Origin: _____
Reason for Export: _____

HS Code	Description of Goods	Qty	Unit	Unit Value	Total Value
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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Subtotal: _____

Insurance/Freight: _____

Grand Total: _____

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

Authorized Signature: _____ Date: _____