# COMMERCIAL INVOICE

Medical Device Import/Export

**INVOICE #:** [000000]

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

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**EXPORTER (SHIPPER):**
[Company Name]
[Street Address]
[City, State, Zip, Country]
[Tax ID/VAT Number]
[Contact Phone]
**IMPORTER (CONSIGNEE):**
[Company Name]
[Street Address]
[City, State, Zip, Country]
[Tax ID/VAT Number]
[Contact Phone]

**SHIPPING DETAILS:**
Waybill/Tracking: [Number]
Carrier: [Name]
Incoterms: [e.g., DAP, CIF]
Port of Loading: [Location]
**PAYMENT TERMS:**
Currency: [e.g., USD, EUR]
Payment Method: [e.g., Wire]
Due Date: [Date]

| Description of Goods (Model/Type) | Harmonized System (HS) Code | Qty | Unit Price | Total |
|---|---|---|---|---|
| [Product Name / Device Model] | [HS Code] | [0] | [0.00] | [0.00] |
| [Product Name / Device Model] | [HS Code] | [0] | [0.00] | [0.00] |

Subtotal: [0.00]
Insurance: [0.00]
Freight: [0.00]

## Total Value: [0.00]

**REGULATORY COMPLIANCE INFORMATION:**
FDA Establishment Reg / Registration #: [Number]
Device Listing Number: [Number]
Country of Origin: [Country]
Intended Use: [Diagnostic / Surgical / Therapeutic / etc.]

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

Authorized Signature & Date