

COMMERCIAL INVOICE

INVOICE NUMBER: # _____

DATE: ____/____/____

[Store Name]

[Address Line 1]

[City, State, Zip]

[Country]

[Tax ID/VAT No.]

SHIPPER / EXPORTER:

[Name/Company]

[Street Address]

[City, Country, Postal Code]

[Phone Number]

CONSIGNEE / SHIP TO:

[Recipient Name]

[Street Address]

[City, Country, Postal Code]

[Phone Number]

SHIPPING METHOD:

[Carrier Name]

TRACKING NUMBER:

[Number]

COUNTRY OF ORIGIN:

[Country]

INCOTERMS:

DAP (Delivered at Place)

Description of Goods	HS Code	Qty	Unit Price	Total
[Product Name/Description]	[0000.00]	0	\$0.00	\$0.00
[Product Name/Description]	[0000.00]	0	\$0.00	\$0.00

Subtotal: \$0.00

Shipping: \$0.00

Insurance: \$0.00

Total Value (USD): \$0.00

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

AUTHORIZED SIGNATURE & DATE