

BRAND_NAME_WHOLESALE

COMMERCIAL INVOICE

#INV-000000

SHIPPER / EXPORTER

LEGAL ENTITY NAME

STREET ADDRESS UNIT/SUITE

CITY, STATE, ZIP

COUNTRY

VAT/TAX ID: 00-0000000

CONSIGNEE / SHIP TO

RETAILER NAME

STREET ADDRESS

CITY, STATE, ZIP

COUNTRY

CONTACT PHONE: +00 000 000 000

SHIPPING DETAILS

CARRIER:

TRACKING #:

WEIGHT:

TOTAL CARTONS:

PAYMENT & TERMS

DATE:

CURRENCY:

INCOTERMS:

PAYMENT TERMS:

STYLE # / SKU	DESCRIPTION	SIZE	QTY	UNIT PRICE	TOTAL
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STYLE # / SKU	DESCRIPTION	SIZE	QTY	UNIT PRICE	TOTAL
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SUBTOTAL 0.00
SHIPPING/FREIGHT 0.00
TAX/VAT 0.00
TOTAL VALUE 0.00

THESE COMMODITIES, TECHNOLOGY OR SOFTWARE WERE EXPORTED FROM THE COUNTRY IN ACCORDANCE WITH THE EXPORT ADMINISTRATION REGULATIONS. DIVERSION CONTRARY TO LAW IS PROHIBITED.

I DECLARE ALL INFORMATION CONTAINED IN THIS INVOICE TO BE TRUE AND CORRECT.

AUTHORIZED SIGNATURE