

COMMERCIAL INVOICE

Short-Term Export Credit Facility

Invoice No:

Date:

Due Date:

EXPORTER (SELLER)

Name:

Address:

Country:

Tax ID / EORI:

Contact Person:

IMPORTER (BUYER)

Name:

Address:

Country:

Tax ID:

Contact Person:

EXPORT CREDIT INSURANCE & FINANCING DETAILS

ECA / Insurer Name:

Credit Policy No:

Credit Limit Approved:

Financing Bank:

Credit Term (Days):

Interest Rate (if app):

SHIPMENT TERMS

Incoterms:

Place:

TRANSPORT DETAILS

Carrier/Vessel:

B/L or AWB No:

ROUTE

Port of Loading:

Port of Discharge:

HS CODE	DESCRIPTION OF GOODS	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT

HS CODE	DESCRIPTION OF GOODS	QTY	UNT	UNT PRICE	TOTAL AMOUNT

PAYMENT & SETTLEMENT INSTRUCTIONS

Beneficiary Bank:

SWIFT / BIC:

IBAN / Account No:

Correspondent Bank:

Special Reference:

Subtotal	
Freight Charges	
Insurance (CIF)	
Total (Currency:)	

 Exporter / Authorized Signatory
 Date & Stamp

 Importer / Acceptance of Debt
 Date & Stamp

Declaration: We hereby declare that this invoice shows the actual price of the goods described and that all particulars are true and correct. These goods are subject to short-term credit insurance coverage under the policy indicated above. Title to the goods shall not pass to the buyer until full payment has been received by the nominated financing institution or the exporter.