COMMERCIAL INVOICE

EXPORTER / SHIPPER

Name:

Address:

Country:

Tax ID/VAT No:

Contact:

IMPORTER / CONSIGNEE

Name:

Address:

Country:

Tax ID/VAT No:

Contact:

INVOICE DETAILS

Invoice No:

Date:

PO No:

TRANSPORTATION

Carrier:

AWB/BL No:

Port of Loading:

DELIVERY & PAYMENT

Incoterms:

Term Place:

Payment Terms:

Country of Export:

Country of Origin:

NO.	DESCRIPTION OF GOODS	HS CODE	QTY	UNIT	UNIT VALUE	TOTAL VALUE

Currency	
Subtotal	
Freight	
Insurance	
Total Declared Value	

Declaration Statement:
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Authorized Signature

Date