

COMMERCIAL INVOICE

Invoice No: _____

Date: _____

P.O. Number: _____

Due Date: _____

SELLER / EXPORTER

BUYER / IMPORTER (BILL TO)

TAX ID / VAT No: _____

TAX ID / VAT No: _____

QTY	DESCRIPTION OF GOODS / SERVICES	HSN/SAC	UNIT PRICE	TAX RATE	TOTAL

PAYMENT TERMS & CONDITIONS

Subtotal _____

Tax Total _____

Shipping / Handling _____

Total Amount Due _____

BANK WIRE TRANSFER DETAILS

Bank Name: _____

Account No: _____

IBAN: _____

BIC / SWIFT: _____

AUTHORIZED SIGNATORY