

EXPORTER (Sender Name, Address, Contact):

# COMMERCIAL INVOICE

INVOICE NO.	
DATE	

CONSIGNEE (SHIP TO NAME, ADDRESS, CONTACT)	BUYER (IF OTHER THAN CONSIGNEE)

COUNTRY OF ORIGIN	COUNTRY OF DESTINATION	TERMS OF DELIVERY (INCOTERMS)
MODE OF TRANSPORT	PORT OF LOADING	PORT OF DISCHARGE
CARRIER	BILL OF LADING/ AWB NO.	TERMS OF PAYMENT

MARKS & NOS	HS CODE	DESCRIPTION OF GOODS	QUANTITY	UNIT PRICE	TOTAL VALUE

Declaration:

SUBTOTAL	
FREIGHT	
INSURANCE	
TOTAL (CURRENCY)	

Authorized Signature:

Date:

\_\_\_\_\_  
Name & Title