

INTERNATIONAL COMMERCIAL INVOICE

EXPORT CREDIT / INSURANCE COVERED

EXPORTER / SHIPPER (Name, Address, Country, Tax ID)	INVOICE NO. & DATE EXPORT CREDIT POLICY / REFERENCE NO.
CONSIGNEE (Name, Address, Country)	BUYER (If other than Consignee)
NOTIFY PARTY	EXPORT CREDIT GUARANTOR / INSURER

PRE-CARRIAGE BY	PLACE OF RECEIPT	COUNTRY OF ORIGIN	COUNTRY OF DESTINATION
EXPORTING CARRIER / VESSEL	PORT OF LOADING	PORT OF DISCHARGE	FINAL DESTINATION
TERMS OF DELIVERY (INCOTERMS - SPECIFY PLACE)		TERMS OF PAYMENT (EXPORT CREDIT / MATURITY DATE)	

MARKS & NOS.	NO. & KIND OF PKGS	DESCRIPTION OF GOODS & SERVICES (incl. HS CODE)	QTY	UNIT PRICE (CURRENCY:)	TOTAL AMOUNT (CURRENCY:)
TOTAL NET WEIGHT: TOTAL GROSS WEIGHT:				SUBTOTAL	
				FREIGHT CHARGES	
				INSURANCE PREMIUM	
				OTHER CHARGES	
				TOTAL VALUE	

DECLARATION / CERTIFICATION We hereby certify that this invoice is true and correct, and that no other invoice has been or will be issued. We further certify that the goods are of the origin indicated above and comply with the terms of the export credit agreement and insurance policies referenced herein.	EXPORTER AUTHORIZED SIGNATORY <hr style="border: 0; border-top: 1px solid black;"/> AUTHORIZED SIGNATURE & STAMP DATE: _____
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