## **COMMERCIAL INVOICE**

This invoice must be completed in English.

EXPORTER:		Ship Date:				
Tax ID#: Contact Name:		Air Waybill No. / Tracking No.:				
Telephone No.:						
E-Mail:		Invoice No.: Pur		chase Order No.:		
Company Name/Address:		Payment Terms: Bill of Lading:				
		Purpose of Shipment:				
Country:						
Parties to Transaction:						
Related Non-Related		SOLD TO (if different from Consignee):				
CONSIGNEE: Tax ID#:						
Contact Name:		Same as CONSIGNEE:				
Telephone No.:		Tax ID#:				
E-Mail:						
Company Name/Address:		Company Name/Address:				
Country:  If there is a designated broker for this shipment, please provide contact information.		Country:				
Name of Broker		Contact Name				
	other If Other, please spe					
No. of No. of Net Weight Unit of	ription of Goods	Harmonized	Country of	Unit	Total	
Packages Units (LBS / KGS) Measure	7	Tariff Number	Manufacturer	Value	Value	
Table Table Table (Inches)	Terms					
Total   Total   Total Net (Indicate   Total Gross (Indicate   Pkgs   Units   Weight LBS/KGS)   Weight LBS/KGS				Subtotal:		
				Insurance:		
Special Instructions:			Freight:			
				Packing:		
Declaration Statement(s):				Handling:		
				Other:		
I declare that all the information contained in this invoice to be true and correct.				Invoice Total:		
Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual:				Currency Code:		
				•		
Signature / Title / Date:						

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of

## COMMERCIAL INVOICE CONTINUATION SHEET

This invoice must be completed in English. Page \_ \_ of \_\_\_\_ EXPORTER: Air Waybill No. / Tracking No.: Invoice No.: Purchase Order No.: Payment Terms: Bill of Lading: Country: SOLD TO (if different from Consignee): CONSIGNEE: Country: Country: Net Weight (LBS / KGS) Country of Manufacturer No. of No. of Units Unit of Harmonized Tariff Number Unit Total **Description of Goods** Packages Measure Value Value SUBTOTAL FOR THIS PAGE: