

This invoice must be completed in English.

Page _____ of _____

| | |
|---|---|
| EXPORTER: Tax ID#: _____ Contact Name: _____ Telephone No.: _____ E-Mail: _____ Company Name/Address: _____ Country: _____ Parties to Transaction: <input type="checkbox"/> Related <input type="checkbox"/> Non-Related | Ship Date: _____ Air Waybill No. / Tracking No. / Bill of Lading: _____ Invoice No.: _____ Purchase Order No.: _____ Payment Terms: _____ Purpose of Shipment: _____ _____ _____ |
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| CONSIGNEE: Tax ID#: _____ Contact Name: _____ Telephone No.: _____ E-Mail: _____ Company Name/Address: _____ Country: _____ | SOLD TO (if different from Consignee): <input type="checkbox"/> Same as CONSIGNEE: Tax ID#: _____ Company Name/Address: _____ Country: _____ |
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If there is a designated broker for this shipment, please provide contact information.

Name of Broker _____ Tel. No. _____ Contact Name _____

Duties and Taxes Payable by Exporter Consignee Other If Other, please specify _____

| No. of Packages | No. of Units | Unit of Measure | Description of Goods | Harmonized Tariff Number | Country of Origin | Unit Value | Total Value |
|-----------------|--------------|-----------------|----------------------|--------------------------|-------------------|------------|-------------|
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|------------------------------|---|------------------|
| Total No. of Packages: _____ | Total Weight (Indicate LBS or KGS): _____ | Incoterms: _____ |
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|--|------------|-------|
| Special Instructions: _____ _____ _____ | Subtotal: | _____ |
| | Insurance: | _____ |
| | Freight: | _____ |
| | Packing: | _____ |

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|---|-----------|-------|
| Declaration Statement(s): _____ _____ | Handling: | _____ |
| | Other: | _____ |

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|--|----------------|-------|
| 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: _____

