

Commercial Invoice

| | | | | |
|--------------------------------------|-------------------------------------|--|---|--|
| 1. Shipper/exporter | | 2. Bill of lading number | 3. Date | |
| | | 4. PRO number | | |
| | | 5. P.O. number | | |
| 6. Ultimate consignee and IRS number | | 9. Country of origin | (If shipment includes goods of different origins, enter origins against items in Field 17.) | |
| 7. Customs broker | | 10. Point (state) of origin or FTZ number | | |
| 8. U.S. freight forwarder | | 15. Purchaser's name, address (if other than consignee) and IRS number | | |
| 11. Mode of transportation TRUCK | 12. Place of receipt by pre-carrier | | | |
| 13. Exporting carrier | 14. U.S. port of export | | | |

Particulars furnished by shipper

| | 16. H.M. | 17. Pieces, description of commodities, marks numbers, kinds of packaging | | | 21. Unit price | 22. Gross weight (lbs.) | 23. Value (U.S. dollars, omit cents) (Selling price or cost if not sold) |
|--|-------------|---|----------------------------------|-----------------------------|-------------------------|-------------------------------|---|
| | | 18. Schedule B Classification number | 19. Quantity Schedule B units | 20. Gross weight (Kilos) | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 26. Packing description | | | | | 24. Total weight (lbs.) | 25. Total value | |
| 27. Domestic freight (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No | | 28. International freight (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No | | 29. Other charges (specify) | 30. Insurance | 31. Total extra charges | |
| | | | | | 32. Discount | 33. Invoice total | |

Mark "X" in H.M. column for Hazardous Materials.

34. U.S. shipper:

X. _____