COMMERCIAL INVOICE

This invoice must be completed in English.

EXPORTER:

Tax ID#:

Contact Name:

Telephone No.:

E-Mail:

Company Name/Address:

Country:

Parties to Transaction:

☐ Related   ☐ Non-Related

Ship Date:

Air Waybill No. / Tracking No.:

Invoice No.:   **Purchase Order No.:**

Payment Terms: **Bill of Lading:**

Purpose of Shipment:

CONSIGNEE:

Tax ID#:

Contact Name:

Telephone No.:

E-Mail:

Company Name/Address:

Country:

☐ **Same as CONSIGNEE:**

Tax ID#:

Company Name/Address:

Country:

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	Net Weight (LBS / KGS)	Unit of Measure	Description of Goods	Harmonized Tariff Number	Country of Manufacture	Unit Value	Total Value

Total Pkgs	Total Units	Total Net Weight	(Indicate LBS/KGS)	Total Gross Weight	(Indicate LBS/KGS)	Terms of Sale:		
							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:

COMMERCIAL INVOICE
CONTINUATION SHEET

This invoice must be completed in English.

EXPORTER:

Country:

Air Waybill No. / Tracking No.:

Invoice No.:

Purchase Order No.:

Payment Terms:

Bill of Lading:

CONSIGNEE:

Country:

Country:

No. of Packages	No. of Units	Net Weight (LBS / KGS)	Unit of Measure	Description of Goods	Harmonized Tariff Number	Country of Manufacture	Unit Value	Total Value

SUBTOTAL FOR THIS PAGE: