COMMERCIAL INVOICE



BILL TO:	SHIP TO:	
Company Name	Company Name	
Contact Person	Contact Person	
Address	Address	
City, State, ZIP	City, State	
Country	Country, ZIP	
Phone	Phone	
Fax	Fax	
Email		
Business ID		

REMARKS:

SHIP VIA:

SHIP BY DATE:

PRODUCT CODE DESCRIPTION OF ITEMS	QTY	PRICE USD	CARTON QTY	CARTON WEIGHT	UNIT	TOTAL WEIGHT
COUNTRY OF ORIGIN:		INVOICE NUMBER:				
SHIPPING OR MISC INSTRUCTIONS:		AWB #/BILL OF LADING #:				

ORDER ISSUED BY:

APPROVED: