

COMMERCIAL INVOICE

(Please complete in English print)

INTERNATIONAL AIR WAYBILL NO.

(NOTE: All shipments must be accompanied by a
Air Waybill & two duplicate copies of CI.)

DATE OF EXPORTATION	SHIPPER'S EXPORT REFERENCES (i.e., order no., invoice no.)
SHIPPER / EXPORTER (complete name, address, telephone, Business Registration No./ Customs / Tax ID No. e.g. GST / RFC / VAT / IN / EIN / ABN / SSN, or as locally required)	CONSIGNEE (complete name, address, telephone, Business Registration No./ Customs / Tax ID No. e.g. GST / RFC / VAT / IN / EIN / ABN / SSN, or as locally required)
COUNTRY OF EXPORT	IMPORTER - IF OTHER THAN CONSIGNEE (complete name, address and telephone)
REASON FOR EXPORT (e.g. personal gift, return for repair)	
COUNTRY OF ULTIMATE DESTINATION	

COUNTRY OF ORIGIN	MARKS/ NO'S.	NO. OF PKGS	TYPE OF PACKAGING	FULL DESCRIPTION OF GOODS <small>What is it? What is it made of? What is it used for? What is it a component of? e.g.) Ladies' 100% Silk Knitted Blouse.</small>	HS CODE	QTY.	UNIT OF MEASURE <small>e.g. pieces, units, set.</small>	WEIGHT <small>lb / kg</small>	UNIT VALUE <small>currency</small>	TOTAL VALUE
		TOTAL PKGS						TOTAL WEIGHT	CURRENCY	TOTAL INVOICE VALUE

I DECLARE ALL THE INFORMATION CONTAINED IN THE INVOICE TO BE TRUE AND CORRECT.

SIGNATURE OF SHIPPER/EXPORTER	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black;">Payment Method</td> <td>Check one</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> L/C</td> <td><input type="checkbox"/> F.O.B.</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> T/T</td> <td><input type="checkbox"/> C & F</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> Others</td> <td><input type="checkbox"/> C.I.F.</td> </tr> <tr> <td style="border-right: 1px solid black;"><small>Check if applicable</small></td> <td></td> </tr> </table>	Payment Method	Check one	<input type="checkbox"/> L/C	<input type="checkbox"/> F.O.B.	<input type="checkbox"/> T/T	<input type="checkbox"/> C & F	<input type="checkbox"/> Others	<input type="checkbox"/> C.I.F.	<small>Check if applicable</small>	
Payment Method	Check one										
<input type="checkbox"/> L/C	<input type="checkbox"/> F.O.B.										
<input type="checkbox"/> T/T	<input type="checkbox"/> C & F										
<input type="checkbox"/> Others	<input type="checkbox"/> C.I.F.										
<small>Check if applicable</small>											

NAME (PLEASE PRINT)

TITLE (PLEASE PRINT)

DATE