Commercial Invoice For:

Address: City: Country: Phone: Fax: Importer Name:	or Buy	State	ZIP:ZIP:	City: Country: Phone: Fax: Importer or B	Sta	te: Z	ZIP:	
Address: State: ZIP: State				Notes:				
# of units # of	oackages		SHIPMENT on of Items ormonized Tariff No.)	INFORMATI Country o Origin		Unit Value	Total Value	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
Total Package	s: 0		Total Weight:	l □ lbs□kg	S Additiona	l Charges:		
Details of additional charges:					То	Total Value: 0		
					Terms of	Terms of Sale:		
I declare all information contained in this invoice to be true and correct.					invoice. There m	Disclaimer: This is a generic commercial invoice. There may be elements not included that are required by your broker for customs clearance. It is recommended that you contact your broker before submitting this generic invoice.		
Signature					clearance. It is r			
Name Date					your broker befo			