

COMMERCIAL INVOICE

This invoice must be completed in English.

Page _____ of _____

EXPORTER: Tax ID#: _____ Contact Name: _____ Telephone No.: _____ E-Mail: _____ Company Name/Address: _____ Country: _____ Parties to Transaction: <input type="checkbox"/> Related <input type="checkbox"/> Non-Related	Ship Date: _____ Air Waybill No. / Tracking No.: _____ Invoice No.: _____ Purchase Order No.: _____ Payment Terms: _____ Bill of Lading: _____ Purpose of Shipment: _____
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CONSIGNEE: Tax ID#: _____ Contact Name: _____ Telephone No.: _____ E-Mail: _____ Company Name/Address: _____ Country: _____	SOLD TO (if different from Consignee): <input type="checkbox"/> Same as CONSIGNEE: Tax ID#: _____ Company Name/Address: _____ Country: _____
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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

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EXPORTER: Country:	Air Waybill No. / Tracking No.: Invoice No.: Purchase Order No.: Payment Terms: Bill of Lading:
CONSIGNEE: Country:	SOLD TO (if different from Consignee): 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: _____