

This invoice must be completed in English.

## COMMERCIAL INVOICE

Page \_\_\_\_\_ of \_\_\_\_\_


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

<b>Total Pkgs</b>	<b>Total Units</b>	<b>Total Net Weight</b>	<b>(Indicate LBS/KGS)</b>	<b>Total Gross Weight</b>	<b>(Indicate LBS/KGS)</b>	<b>Terms of Sale:</b>	<b>Subtotal:</b>	
							<b>Insurance:</b>	
<b>Special Instructions:</b>							<b>Freight:</b>	
							<b>Packing:</b>	
<b>Declaration Statement(s):</b>							<b>Handling:</b>	
							<b>Other:</b>	
I declare that all the information contained in this invoice to be true and correct.							<b>Invoice Total:</b>	
Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual:							<b>Currency Code:</b>	

Signature / Title / Date: \_\_\_\_\_