

This invoice must be completed in English.

# COMMERCIAL INVOICE

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

|   |   |
|---|---|
| <b>EXPORTER:</b><br>Tax ID#: _____<br>Contact Name: _____<br>Telephone No.: _____<br>E-Mail: _____<br>Company Name/Address: _____<br><br>Country: _____<br>Parties to Transaction:<br><input type="checkbox"/> Related <input type="checkbox"/> Non-Related | Ship Date: _____<br><br>Air Waybill No. / Tracking No.: _____<br><br>Invoice No.: _____      Purchase Order No.: _____<br><br>Payment Terms: _____      Bill of Lading: _____<br><br>Purpose of Shipment: _____ |
|---|---|

|  |  |
|--|--|
| <b>CONSIGNEE:</b><br>Tax ID#: _____<br>Contact Name: _____<br>Telephone No.: _____<br>E-Mail: _____<br>Company Name/Address: _____<br><br>Country: _____ | SOLD TO (if different from Consignee):<br><input type="checkbox"/> Same as CONSIGNEE:<br><br>Tax ID#: _____<br><br>Company Name/Address: _____<br><br>Country: _____ |
|--|--|

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 Manufacturer | Unit Value | Total Value |
|-----------------|--------------|------------------------|-----------------|----------------------|--------------------------|-------------------------|------------|-------------|
|                 |              |                        |                 |                      |                          |                         |            |             |
|                 |              |                        |                 |                      |                          |                         |            |             |
|                 |              |                        |                 |                      |                          |                         |            |             |
|                 |              |                        |                 |                      |                          |                         |            |             |
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|                 |              |                        |                 |                      |                          |                         |            |             |

|            |             |                  |                    |                    |                    |                |            |  |
|------------|-------------|------------------|--------------------|--------------------|--------------------|----------------|------------|--|
| 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: YVONNE DOYLE - CUSTOMER SERVICE LEAD 04/21/26 *Yvonne Doyle*