COMMERCIAL INVOICE

This invoice must be completed in English.

EXPORTER:	Ship Date:
Tax ID#:	Air Waybill No. / Tracking No.:
Contact Name:	
Telephone No.:	Invoice No.: Purchase Order No.:
E-Mail:	
Company Name/Address:	Payment Terms: Bill of Lading:
	Purpose of Shipment:
Country/Territory:	
Parties to Transaction:	
☐ Related ☐ Non-Related	

CONSIGNEE:	SOLD TO (if different from Consignee):
Tax ID#:	☐ Same as CONSIGNEE:
Contact Name:	
Telephone No.:	Tax ID#:
E-Mail:	
Company Name/Address:	Company Name/Address:
Country/Territory:	Country/Territory:

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

This invoice must be completed in English.

EXPORTER:

Country/Territory:

CONSIGNEE:

Country/Territory:

Air Waybill No. / Tracking No.:

Invoice No.:   **Purchase Order No.:**

Payment Terms: **Bill of Lading:**

SOLD TO (if different from Consignee):

Country/Territory:

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: