

Commercial Invoice

Tel:
Fax:
VAT No.

Date:
Purchase Order:
Invoice Number:
Invoice Place:
Terms of Delivery:
Purpose of
Shipment:

Parcel ID:
Parcel no.
Page no.

DESPATCHED TO:

SOLD TO:

Tel:
Fax:
VAT No.

Tel:
Fax:
VAT No.

No. Units	Item Description	Tariff Code	Country of Manufacture	Unit Weight (Kg)	Currency Declared	Line Value
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1

Total No. of Items: 1
Total Weight:
Total Value:
Shipping Cost:

(Add Manually)

I declare all the information contained in this invoice to be true and correct.

Name:

Signature:

Title: