Company Name

Street Address, City, State, Zip/Postal Code Website, Email Phone

COMMERCIAL INVOICE

Invoice No.: Invoice Date: Due Date: 10001 10/24/2025 10/24/2025

BILL TO:

Contact Name

Client Company Name

Address Phone SHIP TO:

Contact Name

Client Company Name

Address

Phone

SHIP DATE	SHIP VIA	TOTAL PACKAGES	TOTAL WEIGHT

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT	
Item 1 description	1	\$150.00	\$150.00	
Item 2 description	2	\$40.00	\$80.00	
		SHIPPING	\$5.00	
		TOTAL	\$235.00	

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

SHIPPER		DATE
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Thank you for your business!