# Your Corporation Name

# COMMERCIAL INVOICE

**Street Address**
**City, ST ZIP Code**
**Phone Number,Web Address, etc.**
**Country**
**Contact Person**

| | |
|---|---|
| **DATE** | |
| **INVOICE #** | |
| **WAYBILL #** | |
| **P.O. NUMBER** | |
| **TERMS OF SALE (INCOTERM)** | |
| **REASON FOR EXPORT** | |

## SOLD TO

| | |
|---|---|
| Tax ID | |
| Name | |
| Adress | |
| City, State ZIP | |
| Country | |
| Phone | |

## SHIP TO

| | |
|---|---|
| Tax ID | |
| Name | |
| Address | |
| City, State ZIP | |
| Country | |
| Phone | |

| Currency Code | Sales Person | Ship Date | Ship Via | Total Packages | Total Weight |
|---|---|---|---|---|---|
| | | | | | |

| Units | U/M | Description | Harm.code | C/O | Unit Price | Line Total |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Declaration statement line 1
Declaration statement line 2

ADDITIONAL COMMENTS:

| | |
|---|---|
| SUBTOTAL | |
| TAX 8.000% | |
| GST 6.000% | |
| DISCOUNT/REBATE | |
| SHIPPING & HANDLING | |
| INSURANCE | |
| OTHER | |
| GRAND TOTAL | |

## PAYMENT DETAIL

| DATE | TOTAL | APPLIED | TYPE | CHECK/MONEY ORDER# | | NOTES |
|---|---|---|---|---|---|---|
| | | | | | | |

I declare all the information contained in this invoice to be true and correct
Signature of shipper/exporter

| SHIPPER | | DATE | |
|---|---|---|---|