

Commercial Invoice

Page 1 of 1

This invoice must be completed in English.

| EXPORTER: Tax ID#: _____ Contact Name: John Doe Telephone No.: 555-555-5555 E-Mail: john.doe@example.com Company Name/Address: Example Company line_1 line_2 city state 12345 Country/Territory: US Parties to Transaction: <input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related | | | | | Ship Date: 15 Dec, 2023 Air Waybill No. / Tracking No.: _____ Invoice No.: 189953 Purchase Order No.: _____ Payment Terms: _____ Bill of Lading: _____ Purpose of Shipment: _____ | | | | |
|--|--------------|------------------------|--------------------|----------------------|---|-----------------------|---------------------------|-----------------|--|
| CONSIGNEE: Tax ID#: _____ Contact Name: contact_name Telephone No.: 555-555-5555 E-Mail: abc.def@gmail.com Company Name/Address: company_name line_1 line_2 city state City NY 8785 Country/Territory: US | | | | | SOLD TO / IMPORTER (if different from Consignee): <input checked="" type="checkbox"/> Same as CONSIGNEE: Tax ID#: _____ Company Name/Address: _____ 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 <input checked="" type="checkbox"/> Exporter <input type="checkbox"/> Consignee <input type="checkbox"/> 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/ Terr. of MFR | Unit Value | Total Value | |
| | 100 | 1 | PCS | description | hs_code | US | 1.00 | 100 | |
| | 5 | 2.3 | PCS | Gadget B | 654321 | US | 50.10 | 250.5 | |
| | | | | | | | | | |
| Total Pkgs | Total Units | Total Net Weight | (Indicate LBS/KGS) | Total Gross Weight | (Indicate LBS/KGS) | Terms of Sale: DDP | | Subtotal: | |
| | | | | | | | | Insurance: 0.00 | |
| Special Instructions: | | | | | | | Freight: | 0.00 | |
| | | | | | | | Packing: | 0.00 | |
| | | | | | | | Declaration Statement(s): | | |
| | | | | | | | Handling: | 0.00 | |
| | | | | | | | Other: | 0.00 | |
| 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: | USD | |
| Signature / Title / Date: | | | | | | | | | |