

Commercial Invoice

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This invoice must be completed in English.

EXPORTER: Tax ID#: _____ Contact Name: _____ Telephone No.: _____ E-Mail: _____ Company Name/Address: _____ Country/Territory: _____ Parties to Transaction: <input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related				Ship Date: _____ Air Waybill No. / Tracking No.: _____ Invoice No.: _____ Purchase Order No.: _____ Payment Terms: _____ Bill of Lading: _____ Purpose of Shipment: _____				
CONSIGNEE: Tax ID#: _____ Contact Name: _____ Telephone No.: _____ E-Mail: _____ Company Name/Address: _____ City NY 8785 Country/Territory: _____				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
			PCS			US		
			PCS			US		
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
								Handling: 0.00
Declaration Statement(s):								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: _____								