

# COMMERCIAL INVOICE

#A/B/L:

Airway Bill Number Field

SHIPPER					
Full Name and Full Address: Address of Shipper Each field has room for you to type in the information that you want. There's plenty of room here with five lines of copy for the address. Tax ID No: Your Tax ID #		Invoice No:		Page 1 of 3	
		Your Invoice #			
		Invoice Date:		Ship Date:	
		Your Invoice Date		Your Ship date	
		Place of Issuance:		File Number:	
		Your City, State		Your File #	
CONSIGNEE		BILL TO			
Address of the Consignee/Customer goes here. You can store partially filled in forms by customer, or by item. There is no limit on storage. Many of our customers store by item and then just change the customer.		This is the Customer's Payment Office. You may leave this field or any other fields blank, or fill them in. There is no requirement to use each field. You may use this form as your regular invoice form too.			
RELATED <input checked="" type="checkbox"/> NOT RELATED <input checked="" type="checkbox"/>		SOLD <input checked="" type="checkbox"/> NOT SOLD <input checked="" type="checkbox"/>			
SHIPMENT INFORMATION					
Customer PO No:		Letter of Credit No:		Mode of Transportation:	
Your Customer PO#		Letter of Credit #		Shipment Mode	
PO Date:		Currency:		Transportation Terms:	
Customer PO date		Currency Used		Transportation Terms	
Ref No:		Payment Terms:		Number of Packages:	
Another Reference #		Your Payment Terms		Number of Packages	
Country of Ultimate Destination:		Incoterms Desc:		Gross Weight (kg):	
Ultimate Destination		Incoterms Field		Gross Weight	
Item No.	Description Name, Type of Good, Brand, Model Country of Origin, Part, Serial No.	Quantity	UCM	Unit Price	Total Price
111-111	Example Product	100	EACH	19.95	1995.00
222-222	Another Example Product	100	EACH	20.95	2095.00
There are 13 lines of products available per sheet, and you may add as many sheets as you like.					
These fields are for notes and anything else you want to use them for. There is plenty of room here for anything that you want to say or add. Six lines in all.		Subtotal			4090.00
		Subtotal Other Pages			10.00
		Shipping & Handling			20.00
		Insurance			25.00
		Others Packaging Charge			50.00
		TOTAL			US \$ 4195.00

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

SIGNATURE \_\_\_\_\_ TITLE President

Date Here \_\_\_\_\_ DATE