Your corporation Name

Phone Number, Web Address, etc.

Street Address

City, ST ZIP Code

COMMERCIAL INVOICE

DATE

INVOICE #
WAYBILL #

| Country | | P.O. NUMBER | | | | | | |
|--|---------------------------------|------------------------|----------|--------------------------|-----------------|---------------------|------------|--|
| Contact Person | | | | TERMS OF SALE (INCOTERM) | | | | |
| | | | | RE | ASON FOR EXPORT | | | |
| SOLD TO | | | | SHIP TO | | | | |
| Tax ID | | | | Tax ID | | | | |
| Name | | | | Name | | | | |
| Adress | | | | Address | | | | |
| City, State ZIP | | | | City, State ZIP | | | | |
| Country | | | | Country | | | | |
| Phone | | | | Phone | | | | |
| | | | | | | | | |
| Currency Code | Sal | Sales Person Ship Date | | Ship Via | Total Pa | Total Packages | | |
| | | | | | | | | |
| Units | U/M | Desc | cription | Harm.code | C/O | Unit Price | Line Total | |
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| Declaration statement line 1 SUBTOTA | | | | | | | | |
| Declaration statement line 2 | | | | | | TAX 8.000% | | |
| | | | | | | COUNT/REBATE | | |
| ADDITIONAL COMMENTS: | | | | | | SHIPPING & HANDLING | | |
| | | | | | | INSURANCE | | |
| | | | | | | OTHER | | |
| GI | | | | | | | | |
| <u> </u> | | | | | | L | | |
| | | | | | | | | |
| I declare all the information conta Signature of shipper/exporter | ined in this invoice to be true | e and correct | | | | | | |
| SHIPPER DATE | | | | | | | | |
| SHIFFLIX | | | | DAIL | | | | |