COMMERCIAL INVOICE

Invoice No: _____ Date: _____

EXPORTER/SELLER	CONSIGNEE/BUYER	SHIP TO (if different)
Company Name 14256 Street Name City, State Zip Code Country Name Phone: (123) 456-7890 Email: email@yourbusiness.com TaxID: 12-3456789 DUNS: 987654321	Company Name 14256 Street Name City, State Zip Code Country Name Phone: (123) 456-7890 Email: client@example.com TaxID:123456789RC0001 DUNS:123456789	Company Name 14256 Street Name City, State Zip Code Country Name Phone: (123) 456-7890 Email: client@example.com Contact Name

Purchase Order No:	Shipping Method:
Terms of Sale (Incoterms 2020):	Payment Terms:
Carrier:	B/L or AWB No:
Port of Loading:	Port of Discharge:

Line	Qty	Unit	Description of Goods	HS Code	Country of Origin	Unit Price	Total Amount
1							
2							
3							
4							
5							
6							
7							

Total Packages:
Type of Packages:
Total Net Weight:
Total Gross Weight:
Total Volume:
Marks & Numbers:

Subtotal: _____
Discount: _____
Freight: _____
Insurance: _____
TOTAL VALUE: _____

Terms and Conditions:

1. Payment:
2. Delivery:
3. Insurance:
4. Claims:

Declaration:
I declare all information contained in this invoice is true and correct. These commodities, technology or software were exported from _____in accordance with export administration regulations. Diversion contrary to law is prohibited.

Prepared By
Name:
Date:

Authorized Signature
Name:
Date:

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