

COMMERCIAL INVOICE

Date: _____

Shippers Ref. Number: _____

Exporter / Shipper / Seller	
Name:	_____
Address:	_____
City/State:	_____
Phone:	_____
IRS#:	_____



Customs Broker: _____

Consignee	
Name:	_____
Address:	_____
City/State:	_____
Phone:	_____
IRS#:	_____

Buyer (If other than consignee)	
Name:	_____
Address:	_____
City/State:	_____
Phone:	_____
IRS#:	_____

Freight Charge Terms:

Pre-Paid Collect Third Party

Terms of Sale-Delivery-Payment

FOB Plant C&F/CIF Dest. Other

Shipping Weight: _____

Currency of Value: _____

Duties & Brokerage For

Shipper-incl. Shipper-excl. Buyer Consignee

Country of Origin	HS Tariff	Commodity Description	Quantity	Unit Price	Total Price

Total Value:

Shipper's Declaration

I Hereby Certify That The Information Given Above And On The Continuation Sheet(s), If Any, Is True And Complete In Every Respect.

Sign: _____	Date: _____
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