

COMMERCIAL INVOICE

YOUR NAME:
COMPANY:
STREET ADDRESS:
POSTAL CODE, CITY:
COUNTRY:
TELEPHONE:
TELEX/FAX NR.:

INVOICE DATE:
PURCHASE ORDER:

SHIP TO:

SOLD TO:

No. Units	Description of Goods Harmonized System Tarrif Number	Country of Origin	Unit Value	Total Value
	Total Shipping Charges:			
	• Transport			
	• Declared Value			
	Total Value of Shipment			
	Bill Shipper			
	Total Packages			
	Total weight			

SIGNATURE _____
Shipping Manager Date

PRINT NAME _____