

# Commercial Invoice

<b>SELLER / SHIPPER (Name, Full, Address)</b>		<b>Invoice Date and Number</b>	<b>Customer Order Number</b>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Tax Identification Number (EIN)</b></td> <td style="width: 50%;"><b>Other References</b></td> </tr> </table>		<b>Tax Identification Number (EIN)</b>	<b>Other References</b>	<b>Buyer (If Other than Consignee)</b>			
<b>Tax Identification Number (EIN)</b>	<b>Other References</b>						
<b>CONSIGNEE (Name, Full Address)</b>		<b>Terms and Conditions of Delivery and Payment</b>					
<b>Country of Manufacture (itemize below if necessary)</b>							
<b>Country of Export</b>	<b>Final Destination</b>						
<b>FedEx Air Waybill Number</b>		<b>Currency of Sale</b>					
<b>Marks and Numbers</b>	<b>Total Number of Packages</b>	<b>Total Gross Weight (kg)</b>	<b>Cubic Meters</b>				
<b>Complete And Accurate Description</b>		<b>Quantity / Unit of Measure</b>	<b>Unit Price</b>	<b>Amount</b>			
<p>I declare all the information contained in this invoice to be true and correct</p> <p>(Type/print name and title and sign)</p>		<b>Packing Costs</b>					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>Signature and Status of Authorized Person</b></td> <td style="width: 20%;"><b>Date</b></td> <td style="width: 50%;"><b>Place</b></td> </tr> </table>		<b>Signature and Status of Authorized Person</b>	<b>Date</b>	<b>Place</b>	<b>Freight Costs</b>		
		<b>Signature and Status of Authorized Person</b>	<b>Date</b>	<b>Place</b>			
		<b>Other Costs</b>					
		<b>Insurance Costs</b>					
<b>Total Invoice Value</b>							