

# COMMERCIAL INVOICE

Date			Invoice No					
Exporter Address City/State/ZIP Code Country Phone/Fax Contact Person			Consignee Address City/State/ZIP Code Country Phone/Fax Contact Person					
Tax ID No (EIN)	Total Gross Weight	Transportation	Tax ID No (EIN)	Terms of Sale:				
Other	Total # of Pieces	AWB/BL #	Currency					
Commodity Description	HS	Country of Manufacture	Qty	UOM	Unit Price	Total Amount		
These commodities, technologies, or softwares were exported from the United States in accordance with export administration regulations. Diversion contrary to United States law prohibited. We certify that this commercial invoice is true and correct.			Subtotal					
			Freight Cost					
			Insurance Cost					
			Total Invoice Value					
I/we hereby certify that the information on this invoice is true and correct and that the contents of this shipment are as stated above.								
Name		Signature			Date			

## Packing List

**Company**  
**Address**  
**City, State, Zip**  
**Phone : Email@email.com**

**Customer Name**  
**Address**  
**City, State, Zip**  
**Phone : Email@email.com**

Order Date	Ship Date	Shipping Company	Order Number	Customer PO Number

Quantity Ordered	Quantity Shipped	Product Weight	Description	Product Number

Totals

Total Ordered	Total Shipped	Total Weight	Shipment Notes

Additional Notes