

COMMERCIAL INVOICE

This invoice must be completed in English.

Page _____ of _____

SHIPPER/EXPORTER:									
Contact Name:									
Telephone No.:									
E-Mail:									
Company Name:									
Address1:									
Address2:									
City:				State/Province:					
Zip/Postal Code:				Country:					
RECIPIENT:									
Contact Name:									
Telephone No.:									
E-Mail:									
Company Name:									
Address1:									
Address2:									
City:				State/Province:					
Zip/Postal Code:				Country:					
Ship Date:		Purpose of Shipment:			Air Waybill/Tracking Number/Bill of Lading:				
Duties and Taxes Payable by: <input type="checkbox"/> Shipper <input type="checkbox"/> Recipient <input type="checkbox"/> Other If Other, please specify									
No. of Packages		No. of Units		No. of Measure		Description of Goods			
Harmonized Tariff Number		Country of Manufacture		Unit Value	Total Value	Total Pkgs	Total Weight	Subtotal	Invoice Total
Special Instructions: (Optional)									
Declaration Statement(s): (Optional)									

These items are controlled by the U.S. Government and authorized for export only to the country of ultimate destination for use by the ultimate consignee or end-user(s) herein identified. They may not be resold, transferred, or otherwise disposed of, to any other country or to any person other than the authorized ultimate consignee or end-user(s), either in their original form or after being incorporated into other items, without first obtaining approval from the U.S. government or as otherwise authorized by U.S. law and regulations.

Signature and Title of Authorized Person: _____

Date:
MM DD YY