



COMMERCIAL INVOICE

This invoice must be completed in English

EXPORTER: Tax ID#: _____ Contact Name: _____ Telephone No.: _____ E-Mail: _____ Company Name/Address: _____ Country: _____ Parties to Transaction: Related Non-Related	Ship Date: _____ Air Waybill No. / Tracking No. Bill of Lading: _____ Invoice No.: _____ Purchase Order No.: _____ Payment Terms: _____ Purpose of Shipment: _____
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CONSIGNEE: Tax ID#: _____ Contact Name: _____ Telephone No.: _____ E-Mail: _____ Company Name/Address: _____ Country: _____	SOLD TO (if different from Consignee): Same as CONSIGNEE: Tax ID#: _____ Company Name/Address: _____ Country: _____
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No. of Packages	No. of Units	Unit of Measure	Description of Goods	Harmonized Tariff Number	Country of Origin	Value of Goods

Total No. of Packages: _____	Total Weight (grams): _____	Terms of Sale: FOB Miami, Florida, United States
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Special Instructions:	Subtotal:	
	Insurance:	
	Freight:	
	Packing:	

Declaration Statement(s):	Handling:	
	Other:	

I declare that all the information contained in this invoice to be true and correct.	Invoice Total:	
Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual:	Currency Code:	

Signature/Title/Date: