

Commercial Invoice

Sender details

Company:	<input type="text"/>	
Address line 1:	<input type="text"/>	
Address line 2:	<input type="text"/>	
Postcode / City:	<input type="text"/>	<input type="text"/>
Location:	<input type="text"/>	
Sender name:	<input type="text"/>	
Telephone: Email:	<input type="text"/>	
	<input type="text"/>	

Invoice number:	<input type="text"/>
Shipping date:	<input type="text"/>
Shipment number:	<input type="text"/>
Currency:	<input type="text"/>
Reason for export:	<input type="text"/>
Sender VAT number:	<input type="text"/>
Receiver VAT number:	<input type="text"/>
Terms of sale (Incoterms):	<input type="text"/>

Receiver details

Company:	<input type="text"/>	
Address line 1:	<input type="text"/>	
Address line 2:	<input type="text"/>	
Postcode / City:	<input type="text"/>	<input type="text"/>
Location:	<input type="text"/>	
Receiver name:	<input type="text"/>	
Telephone:	<input type="text"/>	
Email:	<input type="text"/>	

Delivery details (if different from receiver)

Company:	<input type="text"/>	
Address line 1:	<input type="text"/>	
Address line 2:	<input type="text"/>	
Postcode / City:	<input type="text"/>	<input type="text"/>
Location:	<input type="text"/>	
Delivery contact:	<input type="text"/>	
Telephone:	<input type="text"/>	
Email:	<input type="text"/>	

Description of goods	Quantity	Unit weight (kg)	Unit value	HS code	Location of origin	Total weight (kg)	Total value

Number of packages in shipment:

Total shipment value:

Discount:

Subtotal:

Shipping costs:

Insurance costs:

Other costs:

Total declared value:

Declaration

I declare that the content of this invoice is true and correct.

Name and Signature	Company and Job title	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional information (e.g. hazardous details, EORI number, ECCN number, etc.)