

COMMERCIAL INVOICE

EXPORTER TAX ID#: 1234567890 CONTACT: John Doe TELEPHONE: 1234567890 E-MAIL: test@test.com COMPANY NAME/ADDRESS: Pavoi 123 Main St Apt 1 New York, NY, 10001 USA COUNTRY/TERRITORY: USA		SHIPMENT SUMMARY SHIP DATE: 01/01/2021 AIR WAYBILL / TRACKING NO.: 1234567890 INVOICE NO.: 1234567890 PURCHASE ORDER NO.: 1234567890 PAYMENT TERMS: 1234567890 BILL OF LADING: 1234567890 PURPOSE OF SHIPMENT: 1234567890							
PARTIES TO TRANSACTION <input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related									
CONSIGNEE TAX ID#: 1234567890 CONTACT NAME: John Doe TELEPHONE NO.: 1234567890 E-MAIL: test@test.com COMPANY NAME/ADDRESS: Pavoi 123 Main St Apt 1 New York, NY, 10001 USA COUNTRY/TERRITORY: USA		SOLD TO (IF DIFFERENT FROM CONSIGNEE) SAME AS CONSIGNEE <input checked="" type="checkbox"/> TAX ID#: 1234567890 CONTACT NAME: John Doe TELEPHONE NO.: 1234567890 E-MAIL: test@test.com COMPANY NAME/ADDRESS: Pavoi 123 Main St Apt 1 New York, NY, 10001 USA COUNTRY/TERRITORY: USA							
IF THERE IS A DESIGNATED BROKER FOR THIS SHIPMENT, PLEASE PROVIDE CONTACT INFORMATION. NAME OF BROKER: Pavoi TEL NO.: 1234567890 CONTACT NAME: Pavoi E-MAIL: test@test.com									
DUTIES AND TAXES PAYABLE BY <input checked="" type="checkbox"/> Exporter <input checked="" type="checkbox"/> Consignee <input checked="" type="checkbox"/> Other IF OTHER, PLEASE SPECIFY: Lorem Ipsum									
No. of Packages	No. of Units	Net Weight (LBS/KGS)	Unit of Measure	SKU / Item No.	Description	Harmonized	Country of	Unit	Total
1	1	1	1	1	Pavoi	Pavoi	USA	\$1.00	\$1.00
Total Pkgs: 1		Total Units: 1		Total Net Weight: 1		Total Gross Weight: 1		Terms of Sale: 1	
Special Instructions Lorem Ipsum								Subtotal: \$1.00 Insurance: \$1.00 Freight: \$1.00 Packing: \$1.00 Handling: \$1.00 Other: \$1.00 Invoice Total: \$1.00	
DECLARATION STATEMENT(S) Pavoi									
Originator / Company Representative: Pavoi									
Signature / Title / Date: <hr/>									