

COMMERCIAL INVOICE

Please carefully fill in all the required information throughout this form, to ensure your shipment successfully clears customs.

Sender Details	
Company:	<input type="text"/>
Address Line:	<input type="text"/>
Post Code:	City: <input type="text"/>
Country:	<input type="text"/>
Sender Name:	<input type="text"/>
Telephone:	<input type="text"/>
Email:	<input type="text"/>

Invoice Number: (Optional)	<input type="text"/>
Shipping Date:	<input type="text"/>
Currency:	<input type="text"/>
Shipment Number:	<input type="text"/>
Reason for Export:	<input type="text"/>
Sender EORI No:	<input type="text"/>
Receiver EORI No:	<input type="text"/>
Terms of Sale: (Incoterms)	<input type="text"/>

Receiver Details	
Company:	<input type="text"/>
Address Line:	<input type="text"/>
Post Code:	City: <input type="text"/>
Country:	<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:	<input type="text"/>
Post Code:	City: <input type="text"/>
Country:	<input type="text"/>
Delivery Contact:	<input type="text"/>
Telephone:	<input type="text"/>
Email:	<input type="text"/>

Description of Goods	HS Code	Country of Origin	Quantity	Unit Weight (Kg)	Total Net Weight (Kg)	Unit Value	Total Value

Total Number of Packages in Shipment:	<input type="text"/>	Total Shipment Value:	<input type="text"/>
Total Net Weight (Kg):	<input type="text"/>	Shipping Costs:	<input type="text"/>
Total Gross Weight (Including Packaging):	<input type="text"/>	Total Declared Value:	<input type="text"/>

Additional information: (e.g. Hazardous details, Additional Reasons for Shipping, ect.)

Country of Origin Statement

The exporter of the products covered by this document (EORI export number: _____) declares that, except where otherwise clearly indicated, these products are of _____ preferential origin.

Declaration
I declare that the contents of this invoice are true and correct.

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

