TaxID/VAT No:

# Invoice



| FROM | |
|---|---|
| Contact Name:<br><br>Phone: | Waybill Number:<br>Shipment ID:<br><br>Invoice No:<br>Date:<br>PO No:<br><br>Terms of Sale (Incoterm):<br>Reason for Export: |
| **SHIP TO** | **SOLD TO INFORMATION** |
| Tax ID/VAT No:<br>Contact Name:<br><br>Phone: | Tax ID/VAT No:<br>Contact Name:<br><br>Phone: |

| Units | U/M | Description of Goods/Part No. | Harm. Code | C/O | Unit Value | Total Value |
|---|---|---|---|---|---|---|

Additional Comments:

| Declaration Statement: | | |
|---|---|---|
| | Invoice Line Total: | |
| | Discount/Rebate: | |
| | Invoice Sub-Total: | |
| | Freight: | |
| | Insurance: | |
| | Other: | |
| | Total Invoice Amount: | |
| | Total Number of Packages: | Currency: |
| Shipper Date | Total Weight: | |

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