

CUSTOMS INVOICE

This invoice must be completed in English

Page ___ of ___

SHIPPED FROM: Tax ID/VAT No.: Contact Name: Telephone No.: E-Mail: Company Name/Address: Country: Parties to Transaction: <input type="checkbox"/> Related <input type="checkbox"/> Non-Related	Date: Air Waybill No.: Invoice No.: Purchase Order No.: Payment Terms: Incoterms: Reason for Export: <input type="checkbox"/> Sold <input type="checkbox"/> Not Sold <input type="checkbox"/> Other
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SHIPPED TO: Tax ID/VAT No.: Contact Name: Telephone No.: E-Mail: Company Name/Address: Country:	SOLD TO: <input type="checkbox"/> Same as SHIPPED TO: Company Name/Address: Country:
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No. of Packages	No. of Units	Unit of Measure	Description of Goods (Including Harmonized Tariff No.)	Country of Origin	Value Unit	Total Value

Total No. of Packages:	Subtotal:	
Total Weight (Indicate LBS or KGS): <input type="checkbox"/> LBS <input type="checkbox"/> KGS	Insurance:	
Special Instructions:	Freight:	
	Packing:	
	Handling:	
	Other:	
Declaration Statement(s):	Invoice Total:	
	Currency Code:	

Signature/Title: _____ Date: _____

I declare that all the information contained in this invoice to be true and correct.