

# COMMERCIAL INVOICE

**(Please complete in English print)**

INTERNATIONAL AIR WAYBILL NO.

(NOTE: All shipments must be accompanied by a  
Air Waybill & two duplicate copies of CI.)

<b>DATE OF EXPORTATION</b>	<b>SHIPPER'S EXPORT REFERENCES</b> (i.e., order no., invoice no.)
<b>SHIPPER/EXPORTER</b> (complete name, address, telephone, Business Registration No./ Customs / Tax ID No. e.g. GST / RFC / VAT / IN / EIN / ABN / SSN, or as locally required )	<b>CONSIGNEE</b> (complete name, address, telephone, Business Registration No./ Customs / Tax ID No. e.g. GST / RFC / VAT / IN / EIN / ABN / SSN, or as locally required)
<b>COUNTRY OF EXPORT</b>	<b>IMPORTER - IF OTHER THAN CONSIGNEE</b> (complete name, address and telephone)
<b>REASON FOR EXPORT</b> (e.g. personal gift, return for repair)	
<b>COUNTRY OF ULTIMATE DESTINATION</b>	

COUNTRY OF ORIGIN	MARKS/ NO'S.	NO. OF PKGS	TYPE OF PACKAGING	FULL DESCRIPTION OF GOODS <small>What is it? What is it made of? What is it used for? What is it a component of? e.g.) Ladies' 100% Silk Knitted Blouse.</small>	HS CODE	QTY.	UNIT OF MEASURE <small>e.g. pieces, units, set.</small>	WEIGHT <small>lb / kg</small>	UNIT VALUE <small>currency</small>	TOTAL VALUE
		<b>TOTAL PKGS</b>						<b>TOTAL WEIGHT</b>	<b>CURRENCY</b>	<b>TOTAL INVOICE VALUE</b>

I DECLARE ALL THE INFORMATION CONTAINED IN THE INVOICE TO BE TRUE AND CORRECT.

SIGNATURE OF SHIPPER/EXPORTER	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Payment Method</b></td> <td style="width: 50%;"><b>Check one</b></td> </tr> <tr> <td><input type="checkbox"/> L/C</td> <td><input type="checkbox"/> F.O.B.</td> </tr> <tr> <td><input type="checkbox"/> T/T</td> <td><input type="checkbox"/> C &amp; F</td> </tr> <tr> <td><input type="checkbox"/> Others</td> <td><input type="checkbox"/> C.I.F.</td> </tr> <tr> <td colspan="2"><small>Check if applicable</small></td> </tr> </table>	<b>Payment Method</b>	<b>Check one</b>	<input type="checkbox"/> L/C	<input type="checkbox"/> F.O.B.	<input type="checkbox"/> T/T	<input type="checkbox"/> C & F	<input type="checkbox"/> Others	<input type="checkbox"/> C.I.F.	<small>Check if applicable</small>	
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NAME (PLEASE PRINT)

TITLE (PLEASE PRINT)

DATE