

Commercial Invoice

Invoice Number:	<input type="text"/>	Date:	<input type="text"/>
Seller:	<input type="text"/>		
Buyer:	<input type="text"/>		
Country of Origin:	<input type="text"/>	Country of Destination:	<input type="text"/>

Products

Description of Goods	Quantity	Unit Price	Total Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount:

Declaration

I hereby declare that the information provided above is true and correct.

Authorized Signature:

Date: