

COMMERCIAL INVOICE

DATE OF EXPORT	AWB	CUSTOMER REF.

SHIPPER / EXPORTER		CONSIGNEE	
Company Name:		Company Name:	
Street Address:		Street Address:	
Address:		Address:	
City, State:		City, State:	
Country:		Country:	
Zip Code:		Zip Code:	
Contact Person:		Contact Person:	
Email or Fax:		Email or Fax:	

IMPORTER OF RECORD (IF DIFFERENT THAN CONSIGNEE)		IMPORTER OF RECORD TAX ID (IRS) #	
Company Name:			
Street Address:		CLEARANCE BY	
Address:			
City, State:		MODE OF TRANSPORT	
Country:		AIR	
Zip Code:		GROUND	
Contact Person:			
Email or Fax:			

QUANTITY	FULL DESCRIPTION OF GOODS	COUNTRY OF ORIGIN	HS CODE	UNIT VALUE \$	TOTAL VALUE
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -

SUB-TOTAL	\$ -
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TOTAL NO. OF PACKAGES		ADDITIONAL COSTS IF APPLICABLE	\$ -
		ADDITIONAL COSTS IF APPLICABLE	\$ -
		ADDITIONAL COSTS IF APPLICABLE	\$ -

TOTAL VALUE FOR CUSTOM PURPOSES IS CERTIFY TRUE & CORRECT	CURRENCY	
	CDN \$	TOTAL INVOICE VALUE \$ -

I hereby certify that this invoice shows the actual price of goods described, that no other invoice has been issued, and that all particulars are true and correct.

SIGNATURE OF SHIPPER / EXPORTER

PRINT NAME HERE

SIGNATURE