

COMMERCIAL INVOICE

EXPORTER

TAX ID#: 1234567890
CONTACT: John Doe
TELEPHONE: 1234567890
E-MAIL: test@test.com
COMPANY NAME/ADDRESS: Pavo
123 Main St
Apt 1
New York, NY, 10001
USA
COUNTRY/TERRITORY: USA

SHIPMENT SUMMARY

SHIP DATE: 01/01/2021
AIR WAYBILL / TRACKING NO.: 1234567890
INVOICE NO.: 1234567890
PURCHASE ORDER NO.: 1234567890
PAYMENT TERMS: 1234567890
BILL OF LADING: 1234567890
PURPOSE OF SHIPMENT: 1234567890

PARTIES TO TRANSACTION

☐ Related ☒ Non-Related

CONSIGNEE

TAX ID#: 1234567890
CONTACT NAME: John Doe
TELEPHONE NO.: 1234567890
E-MAIL: test@test.com
COMPANY NAME/ADDRESS: Pavo
123 Main St
Apt 1
New York, NY, 10001
USA
COUNTRY/TERRITORY: USA

SOLD TO (IF DIFFERENT FROM CONSIGNEE)

SAME AS CONSIGNEE ☒
TAX ID#: 1234567890
CONTACT NAME: John Doe
TELEPHONE NO.: 1234567890
E-MAIL: test@test.com
COMPANY NAME/ADDRESS: Pavo
123 Main St
Apt 1
New York, NY, 10001
USA
COUNTRY/TERRITORY: USA

IF THERE IS A DESIGNATED BROKER FOR THIS SHIPMENT, PLEASE PROVIDE CONTACT INFORMATION.

NAME OF BROKER: Pavo TEL NO.: 1234567890
CONTACT NAME: Pavo E-MAIL: test@test.com

DUTIES AND TAXES PAYABLE BY

☒ Exporter ☒ Consignee ☒ Other IF OTHER, PLEASE SPECIFY: Lorem Ipsum

No. of Packages	No. of Units	Net Weight (LBS/KGS)	Unit of Measure	SKU / Item No.	Description	Harmonized	Country of	Unit	Total
1	1	1	1	1	Pavo	Pavo	USA	\$1.00	\$1.00

Total Pkgs: 1 Total Units: 1 Total Net Weight: 1 Total Gross Weight: 1 Terms of Sale: 1

Special Instructions

Lorem Ipsum

DECLARATION STATEMENT(S)

Pavo

Originator / Company Representative:

Pavo

Subtotal: \$1.00
Insurance: \$1.00
Freight: \$1.00
Packing: \$1.00
Handling: \$1.00
Other: \$1.00
Invoice Total: \$1.00

Signature / Title / Date: