

DATE: INVOICE NO.: SHIPMENT REF / AWB:

BILL TO	SHIP TO	SHIP FROM
Company Name <input type="text"/>	Company Name <input type="text"/>	Company Name <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>	Address <input type="text"/>
City / Postal Code <input type="text"/>	City / Postal Code <input type="text"/>	City / Postal Code <input type="text"/>
Territory / Country <input type="text"/>	Territory / Country <input type="text"/>	Territory / Country <input type="text"/>
Contact Name <input type="text"/>	Contact Name <input type="text"/>	Contact Name <input type="text"/>
Phone No. <input type="text"/>	Phone No. <input type="text"/>	Phone No. <input type="text"/>
Tax No. / VAT <input type="text"/>	Tax No. / VAT <input type="text"/>	Tax No. / VAT <input type="text"/>
ID type: <input type="checkbox"/> IOSS <input type="checkbox"/> EORI <input type="checkbox"/> Other <input type="text"/>	ID type: <input type="checkbox"/> IOSS <input type="checkbox"/> EORI <input type="checkbox"/> Other <input type="text"/>	ID type: <input type="checkbox"/> IOSS <input type="checkbox"/> EORI <input type="checkbox"/> Other <input type="text"/>

SHIPMENT DETAILS

INCOTERM 2020: REASON FOR EXPORT: CARRIER:

No.	Full Description of Goods	HS Code	Country of Origin	Qty	Unit Weight (kg)	Unit Value (& Currency)	Total Value (& Currency)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Currency: Subtotal:

Total packages: Freight charges:

Total weight (kg): Insurance:

Other charges:

TOTAL INVOICE VALUE:

I/We hereby certify that the information contained in this invoice is true and correct and that the contents of this shipment are as stated above. I/We accept full responsibility for any inaccuracy or omission and for the consequences thereof.

SIGNATURE	NAME (PRINT)	DESIGNATION / ROLE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>