

COMMERCIAL INVOICE SHOULD BE COMPLETED FOR DELIVERY OF COMMERCIAL GOODS
(FOR SALE)

PRINT COMMERCIAL INVOICE ON CONSIGNORS LETTERHEAD SHOWING LEGAL ADDRESS

ORIGINAL COMMERCIAL INVOICE SHOULD BE SUBMITTED (NOT A COPY)

ALL GREY FIELDS MUST BE COMPLETED

COMMERCIAL INVOICE

Invoice No Insert Invoice number

Date Insert date of Invoice

Invoice Address (no private individuals): Put legal address and name of CNEE company in accordance with registration docs of CNEE	Delivery terms (Incoterms) Put delivery terms (Incoterms) as per trade contract
Ship to (no private individuals): Put delivery address of CNEE (where the Goods should be delivered to after Clearance as per airwaybill) Contact person: First name and family name of contact person of CNEE Phone: Phone number of contact person of CNEE for clearance and delivery	Delivered under: Put number and date of trade contract Payment terms Put terms of payment as per trade contract (check that cnee is able to keep indicated terms!)

No item	Description	Country of origin	Net weight/kg	HS Code	Qty (pieces)	Unit price, USD	Total price, USD
1.	PUT FULL DETAILED DESCRIPTION OF THE GOODS: PURPOSE OF USE; MATERIAL; TRADE MARK; model/part number/serial number/article/technical parameters/chemical composition	PUT COUNTRY OF ORIGIN NAME OF MANUFACTURER	Indicate net weight per each line/position	Put HS code of each item	Indicate quantity per each line/position	Insert retail value. Attach proof of value: e.g. 1) pricelist or 2) proof of payment or 3) export declaration copy etc	Insert Total retail value
2.							
Total, USD							Total goods value

Insurance cost, USD:	Put Insurance amount as per Insurance certificate if Goods are insured;
Freight cost, USD:	Put transportation cost amount (for Incoterms DDU, CPT, CIP, CIF);
Total for payment, USD:	Put total amount: total price, insurance amount (if Goods insured), transportation cost (transportation cost for DDU, CPT, CIP, CIF)

Gross Weight, kg (total) :	Put total gross weight of the shipment (should match weight on airwaybill)
----------------------------	--

Signed by:	Authorized representative of CNOR must put his signature here and a stamp of CNOR's company (if available)
------------	--