**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!) |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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)** |

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

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

**INSTRUCTIONS**

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