

nuvo cargo

# COMMERCIAL INVOICE

DATE:		INVOICE NO:				
EXPORTER ADDRESS CITY/STATE/ZIP CODE COUNTRY PHONE/FAX TAX ID NO (EIN) CONTACT PERSON		CONSIGNEE ADDRESS CITY/STATE/ZIP CODE COUNTRY PHONE/FAX TAX ID NO (EIN) CONTACT PERSON				
TERMS OF SALE	TRANSPORTATION		TOTAL # OF PIECES		CURRENCY (\$)	
	AWB/BL#		TOTAL GROSS WEIGHT			
COMMODITY DESCRIPTION	HTS	QTY	UOM	UNIT PRICE (\$)	TOTAL VALUE (\$)	COUNTRY OF ORIGIN
I/WE HEREBY CERTIFY THAT THE INFORMATION ON THIS INVOICE IS TRUE AND CORRECT AND THAT THE CONTENTS OF THIS SHIPMENT ARE AS STATED ABOVE.				<b>SUBTOTAL</b>		
				<b>FREIGHT COST</b>		
				<b>INSURANCE COST</b>		
				<b>TOTAL INVOICE VALUE</b>		
NAME:		SIGNATURE		DATE		