

[Company Name]

[Stress Address]
 [City, ST ZIP]
 Phone: [000-000-0000]
 Fax: [000-000-0000]

INVOICE

DATE:
 INVOICE #
 Customer ID

BILL TO:

[Name]
 [Company Name]
 [Stress Address]
 [City, ST ZIP]
 [Phone]

SHIP TO (if different):

[Name]
 [Company Name]
 [Stress Address]
 [City, ST ZIP]
 [Phone]

SALESPERSON	P.O. #	SHIP DATE	SHIP MODE and SERVICE	INCOTERM	PAYMENT TERMS AND METHOD

Item #	Description / HTSUS 6 Digit No. / Export License / Country Of Origin	QTY	Unit Price	Total
				-
				-
				-
				-
				-
				-
				-
				-
				-

Other Comments or Special Instructions		
1. Please include our invoice number on your remittance	Packaging	
2. Remit To:	Subtotal	\$ -
	SHIPPING	
	OTHER	\$ -
	OTHER	\$ -
3. These items are controlled by the U.S. Government and authorized for export only to the country of ultimate destination for use by the ultimate consignee or end-user(s) herein identified. They may not be resold, transferred, or otherwise disposed of, to any other country or to any person other than the authorized ultimate consignee or end-user(s), either in their original form or after being incorporated into other items, without first obtaining approval from the U.S. government or as otherwise authorized by U.S. law and regulations	<Incoterm, Geographical location> (Incoterms 2010)	\$ -

We hereby certify this invoice to be true and correct.

 Authorized Signature