Commercial Invoice

Date:	Invoice Number:
Shipper Name:	Consignee Name:
Street Address:	Street Address:
Contact:	Contact:
Phone Number:	Phone Number:
Tax ID Number:	Tax ID Number:

Complete Commodity Description	Schedule B	Country of Manufacture	Quantity	Unit Price	Total Price
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
				Total Invoice Value	0

Signature: