

## Commercial Invoice Form

Complete this form on-line and then  it using the submit button in the bottom of the form.

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### DATE:

<b>FROM:</b>  Company:  Name/Dept:  Street  State  Zip: Telephone:	<b>TO:</b>  Company:  Name/Dept:  Street  State  Zip: Telephone:
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**DESCRIPTION:**

**QUANTITY:**

**WEIGHT:**

**(Mail Services Only)**

**CONTENTS:**

NOT FOR RESALE

THE ABOVE CONTENTS HAVE NO COMMERCIAL VALUE

FOR CUSTOMS PROPOSED VALUE SET AT \$ \_\_\_\_\_ U.S. DOLLARS

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE**

**SIGNATURE** \_\_\_\_\_

YOUR NAME

TITLE

DEPARTMENT

