

Commercial Invoice Form

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

DATE:

FROM: Company: Name/Dept: Street State Zip: Telephone:	TO: 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

