

LOGISTICS SOLUTIONS INC.

123 Supply Chain Way
Industrial District, Chicago, IL
contact@logistics-example.com

INVOICE

Invoice #: [000000]
Date: [MM/DD/YYYY]
Project ID: [PRJ-000]

BILL TO

[Client Company Name]
[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

SHIPMENT INFORMATION

Origin: [City, Country]
Destination: [City, Country]
Incoterms: [e.g. DAP / CIF]
Carrier Ref: [Waybill Number]

Description of Services	Qty / Weight	Unit Price	Total
Ocean / Air Freight Charges	[0.00]	[0.00]	[0.00]
Customs Brokerage & Handling	[0.00]	[0.00]	[0.00]

Description of Services	Qty / Weight	Unit Price	Total
Inland Trucking & Last Mile	[0.00]	[0.00]	[0.00]
Warehousing & Project Storage	[0.00]	[0.00]	[0.00]

Subtotal [0.00]
Tax / VAT (%) [0.00]
Total Amount Due [0.00]

PAYMENT INSTRUCTIONS

Bank Name: [Name] | SWIFT: [Code] | Account: [Number]
Please reference the Invoice Number on all wire transfers. Net 30 payment terms apply.