COMMERCIAL INVOICE

Intermodal Freight Services

Invoice #: _____

Date: _____

Bill of Lading: _____

SHIPPER / EXPORTER

CONSIGNEE / IMPORTER

NOTIFY PARTY

SHIPPING DETAILS

Vessel/Voyage: _____

Port of Loading: _____

Port of Discharge: _____

Container #: _____

Marks & Numbers	Description of Goods	Quantity	Weight (KG)	Unit Price	Total Value

Subtotal: $_____

Freight & Handling: $_____
Insurance: $_____
TOTAL AMOUNT (USD): $_____

DECLARATION & TERMS

We hereby certify that this invoice is true and correct and that the contents of this shipment are as stated above. Payment terms are net _____ days. Goods remain property of the shipper until full payment is received.

_____

Authorized Signature