INVOICE

CARRIER NAME [Company Name]
[Street Address], [City, State, Zip]
[Tax ID / Business Number]

INVOICE # [00000]
DATE [YYYY-MM-DD]
TERMS [Net 30]

BILL TO: [Customer Name]
[Customer Address]
[Contact Phone/Email]
REMIT TO: [Bank Name]
[Swift/BIC Code]
[Account/IBAN]

ORIGIN [Facility Name]
[City, State, Country]
DESTINATION [Facility Name]
[City, State, Country]
REFERENCE NUMBERS BOL: [00000]
Container: [XXXX0000000]
Customs Entry: [000-0000]

Description of Services	Mode	Qty	Rate	Amount
Drayage (Origin)	Truck	1		
Line Haul (Rail/Ocean)	Intermodal	1		
Border Crossing/Clearance Fees	Admin	1		
Fuel Surcharge	Misc			
Chassis Usage	Equip			

Subtotal: $0.00
Tax/VAT: $0.00

Total (USD): $0.00

NOTES & INSTRUCTIONS:

Subject to standard terms and conditions of cross-border transport. Goods moved in bond where applicable. Please include Invoice Number with payment.