INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:
[Customer Name]
[Address]
[Contact Name]
SHIPMENT DETAILS:
Vessel/Voyage: _____
Port of Loading: _____
Port of Discharge: _____

Container No.	Size/Type	Description of Services / Cargo	Weight	Rate	Amount
		Ocean Freight			
		Terminal Handling Charges (THC)			
		Drayage / Trucking			
		Documentation / Fuel Surcharge			

Subtotal: $ _____
Tax / VAT: $ _____
TOTAL DUE (USD): $ _____

Payment Terms: [Net 30 / Upon Receipt]
Bank Details: [Bank Name] | **SWIFT:** [Code] | **Account:** [Number]
Notes: [Terms and conditions regarding demurrage or detention apply.]