PREMIUM HANDLING
LOGISTICS SOLUTIONS

INVOICE

BILLED TO

[Client Name]
[Street Address]
[City, State, Zip]
[Contact Email]

SHIPMENT DETAILS

Invoice #: [000000]
Date: [MM/DD/YYYY]
AWB/Tracking: [Reference Number]
Origin/Dest: [City to City]

SERVICE DESCRIPTION	QUANTITY/WEIGHT	UNIT PRICE	AMOUNT
Freight Charges (Premium Air/Sea)	[0.00]	[0.00]	[0.00]
Customs Brokerage & Handling	[0.00]	[0.00]	[0.00]
Warehouse Storage & Fulfillment	[0.00]	[0.00]	[0.00]
Fuel Surcharge	[0%]	-	[0.00]

Subtotal [0.00]
Tax/VAT [0.00]
Total Amount USD [0.00]

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | SWIFT: [Code] | Account: [Number]
Please include the invoice number as a payment reference. Net 30 terms apply.