CARGO INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Client Company]
[Client Address]
[Tax ID/VAT]

SHIPMENT REFERENCE:

Waybill/BOL: _____
Vessel/Flight: _____
Origin/Dest: _____

CARGO SPECIFICATION

Type: [Hazmat/Oversize/Fragile]
Weight: _____
Dimensions: _____

DESCRIPTION OF HANDLING SERVICES	QTY/HRS	RATE	AMOUNT
Loading/Unloading (Specialized Equipment)			

DESCRIPTION OF HANDLING SERVICES	QTY/HRS	RATE	AMOUNT
Securing & Lashing Services			
Hazardous Materials Surcharge			
Climate Controlled Storage			
Customs Clearance / Documentation			

Subtotal: $0.00
Tax: $0.00
Total: $0.00

Payment Terms: Net [30] Days. Please include Invoice Number with your bank transfer.

Notes: All cargo handled subject to standard terms and conditions of carriage.