FREIGHT INVOICE

Forwarder Name
Address Line 1
City, State, Country
Tax ID: _____

Invoice #: _____
Date: _____
Due Date: _____

SHIPPER / EXPORTER

Name:
Address:
Contact:
Tax ID/EORI:

CONSIGNEE / IMPORTER

Name:
Address:
Contact:
Tax ID/VAT:

SHIPMENT DETAILS

HBL/HAWB: _____
MBL/MAWB: _____
Origin: _____
Destination: _____

LOGISTICS INFORMATION

Mode: (Air/Sea/Road)
Incoterms: _____
Weight/Volume: _____
Container/Pkg: _____

Description of Charges	Qty/Units	Rate	Currency	Amount
Ocean/Air Freight				
Fuel Surcharge (BAF/FAF)				
Origin Handling Charges				
Customs Clearance Fee				
Documentation/BL Fee				
Insurance				
Inland Haulage / Trucking				

Subtotal:_____
Tax/VAT:_____

Total Amount:_____

PAYMENT INSTRUCTIONS

Bank Name: _____ | SWIFT/BIC: _____ | IBAN/Account: _____

Note: Subject to standard trading conditions. Goods are handled at owner's risk unless insurance is specifically requested and paid for.