HEAVY LIFT INVOICE

[Company Name]
[Address Line 1]
[City, Country, ZIP]

Invoice #: _____
Date: _____
Booking Ref: _____

Consignor / Shipper:

_____
_____
_____

Consignee / Receiver:

_____
_____
_____

Vessel / Voyage	Port of Loading	Port of Discharge
_____	_____	_____
Cargo Description	**Dimensions (L x W x H)**	**Gross Weight**
_____	_____	_____ kg/mt

Description of Charges	Rate	Unit	Amount
Ocean Freight (Heavy Lift)			

Description of Charges	Rate	Unit	Amount
Lifting / Stevedoring Fee			
Securing & Lashing Materials			
Bunker Adjustment Factor (BAF)			

Subtotal: $_____
Tax/VAT: $_____

Total Due: $_____

Payment Terms & Instructions:

Bank Name: _____ | Account #: _____ | SWIFT: _____

All business is transacted subject to the Standard Trading Conditions of the Heavy Lift Group.