INVOICE

[Consolidator Name]
[Address Line 1]
[City, State, Zip]

Invoice #: _____
Date: _____
Due Date: _____

SHIPPER / EXPORTER

_____
_____
_____

CONSIGNEE

_____
_____
_____

Master B/L: _____
House B/L: _____
Container #: _____
Vessel/Voyage: _____
Port of Loading: _____
Port of Discharge: _____
Weight (KGS): _____
Volume (CBM): _____
Packages: _____

Description of Charges	Basis	Rate	Amount
Ocean Freight (LCL)			
Origin Receiving Charge (ORC)			
Documentation Fee			

Description of Charges	Basis	Rate	Amount
Consolidation Fee			
Destination Handling (DTHC)			

Subtotal: $0.00
Tax: $0.00

Total Amount: $0.00

NOTES & PAYMENT INSTRUCTIONS

Please include Invoice Number with your remittance. All business is transacted subject to the Standard Trading Conditions of the company.