INVOICE

[Company Name]
[Street Address]
[City, Country]

INVOICE #: _____

DATE: _____

B/L NUMBER: _____

SHIPPER / EXPORTER:

_____
_____
_____

CONSIGNEE:

_____
_____
_____

PORT OF LOADING:

_____

VESSEL / VOYAGE:

_____

PORT OF DISCHARGE:

_____

CONTAINER NO:

_____

Description of Charges	Rate	Qty/Unit	Total
Ocean Freight (Port to Port)			
Terminal Handling Charges (THC)			
Documentation Fee			
Fuel Adjustment Factor (BAF)			

SUBTOTAL: _____

TAX / VAT: _____

TOTAL DUE: _____

PAYMENT INSTRUCTIONS:

Bank: _____
SWIFT: _____
Account: _____

NOTES/TERMS:

Terms: Net [ ] Days. Subject to standard maritime trading conditions.