INVOICE

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

Invoice #: [000000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Customer Name]
[Address Line 1]
[Address Line 2]
[Tax ID / VAT]

SHIPPER / EXPORTER:

[Shipper Name]
[Origin Address]

HBL/MAWB:
[Number]
Origin:
[Port/City]
Destination:
[Port/City]
Carrier/Vessel:
[Name/No]
Weight:
[KG/LB]
Volume:
[CBM/CFT]
Packages:
[Quantity/Type]
Incoterms:
[EXW/FOB/CIF]

Description of Charges	Currency	Rate	Qty/Units	Total
Ocean/Air Freight Charges	USD	0.00	1	0.00
Fuel Surcharge (BAF/FSC)	USD	0.00	1	0.00
Origin Handling Charges	USD	0.00	1	0.00
Customs Clearance Fee	USD	0.00	1	0.00
Documentation Fee	USD	0.00	1	0.00

Subtotal: $0.00
Tax/VAT: $0.00

TOTAL AMOUNT: $0.00

Payment Instructions:

Bank Name: [Bank Name]
SWIFT/BIC: [Code]
Account Number / IBAN: [Number]

Terms: All business is transacted under the Standard Trading Conditions of the Freight Forwarders Association.