SEA FREIGHT INVOICE

[Company Name]
[Address Line 1]
[Address Line 2]
[Contact Details]

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

SHIPPER / EXPORTER

[Name]
[Address]
[Country]
Tax ID: [Number]

CONSIGNEE / IMPORTER

[Name]
[Address]
[Country]
Tax ID: [Number]

Vessel / Voyage [Vessel Name / No.]
Port of Loading [Port, Country]
Port of Discharge [Port, Country]
Bill of Lading No. [B/L Number]
Container / Seal No. [Details]
Incoterms [e.g. FOB, CIF]

Description of Charges	Qty/Unit	Rate	Amount
Ocean Freight - Bulk Rate	[MT / CBM]	0.00	0.00

Description of Charges	Qty/Unit	Rate	Amount
Bunker Adjustment Factor (BAF)	[Unit]	0.00	0.00
Terminal Handling Charges (THC)	[Unit]	0.00	0.00
Documentation Fee	[Unit]	0.00	0.00

Subtotal: $0.00
Tax/VAT (0%): $0.00
Total Amount: $0.00

PAYMENT INSTRUCTIONS

Bank Name: [Name] | SWIFT: [Code] | IBAN: [Number]
Please reference Invoice # when making payment.

Thank you for your business.