LOGISTICS CORP

123 Port Terminal Road
Shipping District, NY 10001
contact@logisticscorp.com

INVOICE
#INV-0000
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name]
[Client Address]
[Tax ID / VAT]

SHIPMENT DETAILS:

Vessel/Voyage: [Name/No]
Port of Loading: [Port]
Port of Discharge: [Port]

Container #: [Number]
Size/Type: [20GP / 40HC]
Seal #: [Number]
B/L No: [Number]
Weight: [KG/LB]
HBL No: [Number]

Description of Services	Qty	Rate	Amount
Ocean Freight Charges	1	0.00	0.00
Terminal Handling Charges (THC)	1	0.00	0.00
Customs Clearance Fee	1	0.00	0.00
Drayage / Local Trucking	1	0.00	0.00
Documentation & Documentation Fee	1	0.00	0.00

Subtotal:	0.00
Tax:	0.00
Total:	**$0.00**

Payment Instructions:
Bank: [Bank Name] | Account: [Number] | SWIFT: [Code]
Please include invoice number in payment reference.

Terms: Net 30. Subject to standard logistics terms and conditions.