COMMERCIAL INVOICE

[Forwarder/Shipper Name]
[Address Line 1]
[Address Line 2]
Phone: [Number]

Invoice No: _____
Date: _____
HBL/MBL No: _____

SHIPPER / EXPORTER

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

CONSIGNEE / IMPORTER

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

Vessel/Voyage:
_____
Port of Loading:
_____
Port of Discharge:
_____
Container No (FCL):
_____
Seal No:
_____
Type: (20GP / 40HC / 45RF)

Description of Charges	Quantity	Rate	Currency	Total
Ocean Freight (FCL)				
Bunker Adjustment Factor (BAF)				
Terminal Handling Charges (THC)				

Description of Charges	Quantity	Rate	Currency	Total
Documentation Fee				

Subtotal:_____
Tax/VAT:_____

Total Amount:_____

PAYMENT INSTRUCTIONS

Bank Name: [Name]
SWIFT/BIC: [Code]
Account No: [Number]
Incoterms: [e.g., CIF, FOB]

Subject to standard trading conditions of the carrier.