INVOICE

SHIPPING & LOGISTICS

Company Name

123 Harbor Way, Port City
Registration: #000000

CONSIGNEE (BILL TO)

Name:
Address:
Contact:

INVOICE #: _____

DATE: _____

DUE DATE: _____

VESSEL / VOYAGE

_____

PORT OF LOADING

_____

BILL OF LADING (B/L) NO.

_____

PORT OF DISCHARGE

_____

Description of Charges	Container/Qty	Rate	Amount
Ocean Freight			
Bunker Adjustment Factor (BAF)			
Terminal Handling Charges (THC)			
Documentation Fee			
Customs Clearance			

Subtotal: $0.00
Tax/VAT: $0.00

Total (USD): $0.00

PAYMENT INSTRUCTIONS

Bank Name: _____
SWIFT/BIC: _____
IBAN/Account: _____

Thank you for your business.