INVOICE

[Forwarder Name]
[Address Line 1]
[Address Line 2]

Invoice #: _____
Date: _____
Customer Ref: _____

SHIPPER / EXPORTER

[Name]
[Address]
[Tax ID]

CONSIGNEE

[Name]
[Address]
[Phone]

TRANSPORT DETAILS

Vessel/Voyage: _____
Port of Loading: _____
Port of Discharge: _____
Final Destination: _____

SHIPMENT INFO

B/L Number: _____
Container No: _____
Incoterms: _____
Weight/Volume: _____

Description of Charges	Qty/Unit	Rate	Currency	Total
Ocean Freight				
Bunker Adjustment Factor (BAF)				
Terminal Handling Charges (THC)				
Documentation Fee				
Inland Haulage / Pre-Carriage				
Customs Clearance				

Subtotal: _____
Tax/VAT: _____

TOTAL AMOUNT: _____

PAYMENT INSTRUCTIONS

Bank Name: _____ | SWIFT: _____ | IBAN: _____

Standard Trading Conditions apply. All business is transacted subject to the [Association] standard conditions.