LOGISTICS COMPANY NAME

123 Maritime Way, Shipping District
City, Country, Zip Code
Email: contact@logistics.com

SEA FREIGHT INVOICE

Invoice #: _____
Date: _____

BILL TO:

_____
_____
_____

VESSEL / VOYAGE:

_____

PORT OF LOADING _____

PORT OF DISCHARGE _____

BILL OF LADING NUMBER _____

CONTAINER NUMBER(S) _____

ETD (ESTIMATED DEPARTURE) _____

ETA (ESTIMATED ARRIVAL) _____

Description of Charges	Quantity/Unit	Rate	Total (USD)
Ocean Freight (Port to Port)			
Bunker Adjustment Factor (BAF)			

Description of Charges	Quantity/Unit	Rate	Total (USD)
Terminal Handling Charges (THC)			
Documentation Fee			
ISPS / Security Surcharge			

Subtotal: $ _____
Tax/VAT: $ _____

TOTAL DUE: $ _____

Payment Terms: Net 30 days. Please include invoice number with remittance.

Bank Details: Bank Name: _____ | SWIFT: _____ | Account: _____