OCEAN FREIGHT INVOICE

Carrier Name:
Address Line 1
City, Country, Zip

Invoice #: _____
Date: _____
Reference: _____

Shipper / Exporter

Name:
Address:
Contact:
Tax ID:

Consignee / Importer

Name:
Address:
Contact:
Tax ID:

Vessel/Voyage: _____
Port of Loading: _____
Port of Discharge: _____
Bill of Lading #: _____
Container #: _____
Incoterms: _____

Description of Charges	Basis (Weight/Measure)	Rate	Currency	Amount
Ocean Freight (Main Carriage)			USD	
Bunker Adjustment Factor (BAF)			USD	

Description of Charges	Basis (Weight/Measure)	Rate	Currency	Amount
Terminal Handling Charges (Origin)			USD	
Documentation & ISF Filing			USD	
Low Sulfur Surcharge (LSS)			USD	

Subtotal: $ _____
Taxes/VAT: $ _____

Total Payable: $ _____

Payment Terms: Payable within ___ days. Please include Invoice # in wire transfer details.

Bank Details: Bank Name: _____ | SWIFT/BIC: _____ | IBAN: _____

Subject to standard ocean carrier terms and conditions.