TRANSPACIFIC SEA CARGO

Ocean Freight & Logistics Services

INVOICE

No: _____
Date: _____

SHIPPER / EXPORTER:

_____
_____
_____

CONSIGNEE:

_____
_____
_____

Vessel/Voyage: _____

Port of Loading: _____

Port of Discharge: _____

Bill of Lading #: _____

Container #: _____

ETD/ETA: _____

Description of Charges	Qty/Unit	Rate	Amount (USD)
Ocean Freight			

Description of Charges	Qty/Unit	Rate	Amount (USD)
Bunker Adjustment Factor (BAF)			
Terminal Handling Charges			
Documentation Fee			
Customs Clearance			

Subtotal: $_____

Tax/VAT: $_____

TOTAL DUE: $_____

Payment Instructions:

Bank Name: _____ | SWIFT/BIC: _____ | Account No: _____

Terms: Payment due within 15 days of invoice date. Subject to standard maritime trading conditions.