

AIR FREIGHT INVOICE

Company Name
Street Address
City, State, Zip
VAT ID: 00-0000000

Invoice #: _____
Date: _____
Due Date: _____

SHIPPER / EXPORTER

CONSIGNEE / BILL TO

Air Waybill (AWB) #:

Flight/Date: _____

Origin/Port: _____

Destination: _____

Weight (KG): _____

Volume (CBM): _____

Description of Charges	Rate	Unit	Total
Air Freight Charges			
Fuel Surcharge			
Security Surcharge			
Handling & Documentation			
Customs Clearance			
Subtotal: \$0.00			
Tax/VAT: \$0.00			
Total Amount: \$0.00			

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

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

Thank you for your business.