INVOICE

Company Name
Street Address
City, Country, Zip

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

Client Name
Company Name
Address
Tax ID: _____

CONSIGNEE / DELIVERY TO:

Contact Name
Delivery Address
Phone: _____

Container #: _____
Seal #: _____
Vessel/Voyage: _____
Port of Loading: _____
Port of Discharge: _____
B/L Number: _____
Weight (KG): _____
Volume (CBM): _____
Type: 20' / 40' / 40'HC

Description of Charges	Rate	Qty/Units	Total
Ocean / Inland Freight			

Description of Charges	Rate	Qty/Units	Total
Fuel Surcharge (BAF)			
Terminal Handling Charges (THC)			
Customs Clearance Fees			
Documentation & Admin			

Subtotal: $_____

Tax / VAT: $_____

Grand Total: $_____

Payment Terms & Instructions:

Bank Name: _____ | SWIFT/BIC: _____ | Account: _____

Please include Invoice Number as reference. Goods remain property of the carrier until full payment is received.