INVOICE

[Forwarder Name]
[Address Line 1]
[Address Line 2]
[Contact Email/Phone]

Invoice #: _____
Date: _____
Due Date: _____

CONSIGNEE / BILL TO

_____
_____
_____

SHIPMENT DETAILS

HBL/MBL: _____
Container #: _____
Vessel/Voyage: _____
POL/POD: _____

Description of Charges	Qty/Unit	Rate	Currency	Amount
Ocean Freight				
Bunker Adjustment Factor (BAF)				
Terminal Handling Charges (THC)				
Documentation Fee				

Description of Charges	Qty/Unit	Rate	Currency	Amount
Customs Clearance				
Inland Haulage / Trucking				

Subtotal: _____

Tax/VAT: _____

Total Amount Due: _____

BANK WIRE INSTRUCTIONS

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

AUTHORIZED SIGNATURE

_____

Terms: All business is transacted subject to the Standard Trading Conditions of the Freight Forwarding Association. Late payments are subject to interest charges.