INVOICE

Company Name
123 Logistics Way
Port City, ST 12345

Invoice #: _____

Date: _____

Due Date: _____

BILL TO

_____
_____
_____

SHIPMENT DETAILS

Container #: _____

Seal #: _____

Size/Type: _____

B/L Number: _____

ORIGIN

_____
ETD: _____

DESTINATION

_____
ETA: _____

Description of Charges	Qty	Rate	Amount
Ocean / Rail Freight			
Bunker Adjustment Factor (BAF)			
Terminal Handling Charges (THC)			
Drayage / Trucking			
Demurrage / Detention			
Documentation Fee			

Subtotal: $_____
Tax / VAT: $_____

Total Amount: $_____

TERMS & INSTRUCTIONS

Please include the invoice number with your payment. Payments are accepted via Wire Transfer or ACH.

Subject to standard terms and conditions of carriage.