MARITIME INVOICE

[Shipping Company Name]
[Address Line 1]
[Contact Email/Phone]

Invoice #: _____
Date: _____
Due Date: _____

Consignor / Shipper

[Name / Company]
[Address]
[Tax ID/VAT]

Consignee / Bill To

[Name / Company]
[Address]
[Tax ID/VAT]

Vessel/Voyage: _____
Port of Loading: _____
Port of Discharge: _____
Bill of Lading #: _____
Container #: _____
Seal #: _____
Container Type: _____
Gross Weight: _____
Incoterms: _____

Description of Charges	Quantity	Unit Price	Total Amount
Ocean Freight Charge			
Terminal Handling Charges (THC)			

Description of Charges	Quantity	Unit Price	Total Amount
Bunker Adjustment Factor (BAF)			
Documentation Fee			
Customs Clearance Service			
[Additional Surcharge]			

Subtotal: $ _____
Tax/VAT: $ _____
Grand Total (USD): $ _____

Payment Instructions:
Bank Name: [Name] | SWIFT/BIC: [Code] | IBAN: [Number]
Please include the Invoice Number as a reference for all transfers.

Standard Trading Conditions apply. Subject to carrier's Bill of Lading terms.