INVOICE

[Logistics Company Name]
[Address Line 1]
[Email/Phone]

Invoice #: _____
Date: _____
Due Date: _____

SHIPPER / EXPORTER

[Name]
[Address]
[Contact Details]

CONSIGNEE / IMPORTER

[Name]
[Address]
[Contact Details]

VESSEL/VOYAGE

_____

PORT OF LOADING

_____

PORT OF DISCHARGE

_____

B/L OR AWB NO.

_____

Container No. / Seal No.	Type/Size	Description of Charges	Qty	Rate	Amount
_____	_____	Ocean / Air Freight			
_____	_____	Fuel Surcharge (BAF)			
		Terminal Handling (THC)			
		Customs Clearance			
		Inland Haulage / Trucking			
		Documentation Fee			

Subtotal: $0.00
Tax/VAT: $0.00

Total Amount: $0.00

PAYMENT INSTRUCTIONS

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

Terms: Net [X] days. Late payments may incur interest.