LOGISTICS SOLUTIONS INC.

123 Supply Chain Way
Chicago, IL 60601
contact@logistics.example

INVOICE

INV-000000
Date: [Date]
Due Date: [Date]

SHIPPER / FROM

[Company Name]
[Street Address]
[City, State, Zip]
Attn: [Contact Name]

CONSIGNEE / BILL TO

[Client Name]
[Street Address]
[City, State, Zip]
Tax ID: [Tax ID]

BOL Number:
[Number]
Mode:
[Air/Sea/Road]
Weight:
[0.00 kg/lbs]
Origin/Dest:
[Port A to Port B]

Service Description	Quantity	Rate	Surcharge	Amount
Freight Charges (LTL/FTL)	[Qty]	$0.00	$0.00	$0.00

Service Description	Quantity	Rate	Surcharge	Amount
Fuel Surcharge	[Qty]	$0.00	-	$0.00
Customs Clearance Fees	[Qty]	$0.00	-	$0.00
Warehousing & Handling	[Qty]	$0.00	-	$0.00

Subtotal: $0.00
Tax (0%): $0.00

Total Amount: $0.00 USD

PAYMENT TERMS & INSTRUCTIONS

Swift/BIC: [Code]
Account Number: [Number]
Bank Name: [Name]
Please include Invoice Number as payment reference.