

[WHOLESALE LOGISTICS NAME]

[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

INVOICE

[Invoice-000]
Date: [YYYY-MM-DD]

BILL TO

[Client Company Name]
[Billing Address]
[Contact Name]
[Phone/Email]

CONSIGNEE / DESTINATION

[Delivery Company Name]
[Shipping Address]
[Delivery Contact]

BOL #: [Number]
HBL/MBL: [Number]
Vessel/Voyage: [Info]
Origin: [Port/City]
Destination: [Port/City]
Weight/CBM: [Specs]
Container #: [Number]
Incoterms: [e.g. FOB/DDP]
Payment Terms: [Net 30]

Service Description	Qty/Unit	Rate	Amount
Ocean/Air Freight Charges	[Unit]	\$0.00	\$0.00

Service Description	Qty/Unit	Rate	Amount
Fuel Surcharge (BAF)	[Unit]	\$0.00	\$0.00
Customs Clearance & Documentation	[Unit]	\$0.00	\$0.00
Terminal Handling Charges (THC)	[Unit]	\$0.00	\$0.00
Inland Trucking / Drayage	[Unit]	\$0.00	\$0.00

Subtotal: \$0.00
Tax/VAT: \$0.00
TOTAL DUE: \$0.00

Wire Transfer Instructions:

Bank: [Bank Name] | SWIFT: [Code] | Account: [Number]

Please reference Invoice Number on all payments.

Standard Trading Conditions Apply.