

**LOGISTICS CORP INTL.
INTERMODAL WHOLESALE DIVISION
STREET ADDRESS, CITY, COUNTRY**

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

SHIPMENT REFERENCES

BOL/Waybill: _____
Container #: _____
Vessel/Voyage: _____
Port of Loading: _____
Port of Discharge: _____

Description of Services (Rail, Sea, Drayage)	Quantity/Units	Rate	Amount
Ocean Freight Charges	_____	_____	_____
Rail Intermodal Transfer	_____	_____	_____
Drayage & Fuel Surcharge	_____	_____	_____

Description of Services (Rail, Sea, Drayage)	Quantity/Units	Rate	Amount
--	----------------	------	--------

Terminal Handling Charges (THC)

Customs Brokerage / Documentation

Subtotal: _____
 Tax/VAT: _____
 TOTAL DUE: _____

PAYMENT TERMS & INSTRUCTIONS

Wire Transfer/SWIFT: _____ | Account Name: _____ | Bank: _____

Interest of __% applied to overdue balances. All business conducted under standard trading conditions.