

OCEAN FREIGHT INVOICE

Wholesale Logistics Corp.
123 Maritime Blvd, Port City
Tax ID: [00-0000000]

Invoice #: [_____]
Date: [_____]
Due Date: [_____]

SHIPPER / EXPORTER

[Name]
[Address]
[Contact Info]

CONSIGNEE / BILL TO

[Name]
[Address]
[Contact Info]

SHIPMENT DETAILS

Vessel/Voyage: [_____]
Port of Loading: [_____]
Port of Discharge: [_____]
B/L Number: [_____]

CONTAINER INFO

Container #: [_____]
Type/Size: [_____]
Weight (KG): [_____]
Volume (CBM): [_____]

DESCRIPTION OF CHARGES	BASIS	RATE	CURRENCY	AMOUNT
Ocean Freight (Main Carriage)	[LCL/FCL]			

DESCRIPTION OF CHARGES	BASIS	RATE	CURRENCY	AMOUNT
Bunker Adjustment Factor (BAF)				
Terminal Handling Charges (THC)				
Documentation Fee	Per B/L			
Customs Clearance				

Subtotal: [0.00]
Tax/VAT: [0.00]
Total Amount: **[USD 0.00]**

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | SWIFT: [Code] | Account: [Number]
 Terms: Net 30. All business is conducted under Standard Trading Conditions.