LOGISTICS NAME

123 Freight Way, Suite 100
Port City, ST 12345
Contact: ops@logistics.com

IMPORT INVOICE

Invoice #: _____
Date: _____
Due Date: _____

CONSIGNEE / BILL TO

_____
_____
_____
Tax ID: _____

SHIPPER / EXPORT SIDE

_____
_____
_____

MAWB / MBL_____
HAWB / HBL_____
VESSEL/FLIGHT_____
ORIGIN Port_____
CONTAINER #_____
WEIGHT (KG)_____
VOLUME (CBM)_____
ETA DATE_____

Description of Charges	Quantity	Rate	Currency	Amount
Ocean / Air Freight Charges				

Description of Charges	Quantity	Rate	Currency	Amount
Terminal Handling (THC)				
Customs Clearance Fee				
Documentation & Messenger				
Warehouse / Storage				
Inland Delivery / Trucking				

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

Payment Instructions: Wire Transfer to Bank Name: _____ | Account: _____ | Swift/BIC: _____

Terms and Conditions: Standard freight forwarding trading conditions apply. Late payments are subject to interest fees.