

INVOICE

LCL Logistics Services

Invoice #: _____

Date: _____

Due Date: _____

CONSIGNOR / SHIPPER

CONSIGNEE / BILL TO

VESSEL/VOYAGE

PORT OF LOADING

PORT OF DISCHARGE

B/L NUMBER

CBM (VOLUME)

WEIGHT (KG)

Description of Charges	Rate/Basis	Qty/Units	Amount
Ocean Freight (LCL)			0.00
CFS Handling Fee			0.00
Documentation Fee			0.00
Origin/Destination THC			0.00
Customs Clearance			0.00

Subtotal: 0.00
Tax: 0.00
TOTAL: \$ 0.00

Payment Instructions:

Bank Name: _____ | SWIFT: _____ | Account: _____

Terms: Net 30. All business is transacted subject to the Standard Trading Conditions of the Freight Forwarders Association.