

# IMPORT INVOICE

Logistics Management Co.  
123 Port Terminal Blvd  
Shipping District, NY 10001

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_

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## IMPORTER OF RECORD / CONSIGNEE

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Tax ID/EIN: \_\_\_\_\_

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## SHIPMENT DETAILS

**AWB/BOL #:** \_\_\_\_\_  
**Origin:** \_\_\_\_\_  
**Incoterms:** \_\_\_\_\_  
**Vessel/Flight:** \_\_\_\_\_

Description of Charges	Qty/Unit	Rate	Total
Ocean/Air Freight Charges			
Customs Clearance Fee			
Duty & Import Taxes			
Terminal Handling / Port Fees			

Description of Charges	Qty/Unit	Rate	Total
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Documentation & Compliance

Delivery / Inland Trucking

Subtotal: \$ 0.00

Tax: \$ 0.00

Total Due: \$ 0.00

**Payment Instructions:**

Bank Name: \_\_\_\_\_ | Swift/BIC: \_\_\_\_\_ | Account: \_\_\_\_\_

Please reference the Invoice Number on all wire transfers.

*Terms: Net 30 days. Late payments are subject to a 1.5% monthly finance charge.*