

# FREIGHT INVOICE

Global Logistics Services Ltd.  
123 Port Authority Plaza  
Maritime District, NY 10004

**Invoice #:** [000000]  
**Date:** [MM/DD/YYYY]  
**Due Date:** [MM/DD/YYYY]

## CONSIGNEE / BILL TO

[Customer Name]  
[Street Address]  
[City, State, Zip]  
[Tax ID / VAT Reference]

## SHIPMENT DETAILS

**B/L Number:** [Ocean Bill of Lading]  
**Container #:** [Prefix / Serial]  
**Vessel/Voyage:** [Vessel Name / Voyage]  
**POL / POD:** [Origin Port] to [Destination Port]

Description of Charges	Qty/Units	Rate	Amount (USD)
Ocean Freight (Port-to-Port)	[1 x 40' HC]	[0.00]	[0.00]
Terminal Handling Charges (THC)	[1]	[0.00]	[0.00]
Customs Clearance Fee	[1]	[0.00]	[0.00]
Documentation & Filing Fee (ISF)	[1]	[0.00]	[0.00]
Drayage / Inland Delivery	[1]	[0.00]	[0.00]

Subtotal: \$[0.00]

Tax / VAT: \$[0.00]

**Total Amount Due: \$[0.00]**

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**Payment Instructions:**

Please reference Invoice # on all wire transfers.

Bank Name: [Name] | SWIFT: [Code] | Account: [Number]

*Subject to standard trading conditions. Late payments may incur demurrage/detention fees.*