

INVOICE

[Company Name]
[Address Line 1]
[City, State, Zip]
[Tax ID/VAT Number]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Client Address]
[Contact Email/Phone]

CONSIGNEE:

[Consignee Name]
[Delivery Address]
[Notify Party]

HBL/MBL: _____
Container #: _____
Vessel/Voyage: _____
Port of Loading: _____
Port of Discharge: _____
ETD/ETA: _____
Weight/Volume: _____
Package Count: _____
Incoterms: _____

| Description of Charges | Currency | Rate/Unit | Total |
|---------------------------------|----------|-----------|-------|
| Ocean Freight (Main Carriage) | | | |
| Terminal Handling Charges (THC) | | | |

| Description of Charges | Currency | Rate/Unit | Total |
|------------------------|----------|-----------|-------|
|------------------------|----------|-----------|-------|

Documentation & AMS Fee

Customs Clearance Fee

Port Security / Facility Fees

Delivery / Drayage (Dest.)

Subtotal: _____

Tax/VAT: _____

TOTAL DUE: _____

Bank Wire Instructions:

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

Note: Please include the Invoice Number as a reference for all payments.