

AIR CARGO INVOICE

Logistics Name
Street Address
City, Country

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

Company/Client Name
Address Line 1
City, State, ZIP

SHIPPER:

Origin Company Name
Origin City/Airport

MAWB #: _____
HAWB #: _____
Flight #: _____
Origin: _____
Destination: _____
ETA: _____
Weight (kg): _____
Volume (cbm): _____
Packages: _____

Description of Charges	Rate/Unit	Qty	Amount
Air Freight Charges			0.00
Fuel/Security Surcharge			0.00
Terminal Handling Charges (THC)			0.00
Customs Clearance Fee			0.00
Documentation & Handling			0.00
Warehouse/Storage Fees			0.00

Subtotal: 0.00

Tax/VAT: 0.00

TOTAL: 0.00 USD

Payment Terms: Net 30 Days. Please include Invoice Number with your remittance.

Bank Details: Bank Name | SWIFT: XXXXXXXXX | Account: XXXXXXXXXXXXX