

INVOICE

Importer/Agency Name: _____

Invoice #: _____

Date: _____

Consignee / Client:

Name: _____

Address: _____

Phone: _____

Origin Details:

Port of Loading: _____

Country of Origin: _____

Vessel/Voyage: _____

Vehicle Identification

Make: _____

Model: _____

Year: _____

VIN/Chassis: _____

Engine #: _____

Color: _____

Description of Charges	Qty	Unit Price	Amount
Ocean Freight Charges			
Import Duty & Customs Fees			
Port Handling / Offloading			
Documentation & Clearance			

Description of Charges	Qty	Unit Price	Amount
Inland Delivery / Towing			

Subtotal: \$ _____

Tax/VAT: \$ _____

TOTAL DUE: \$ _____

Delivery Terms: _____

Bank Details: IBAN: _____ Swift: _____

Received in Good Condition By: _____ Date: _____