

IMPORT INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Tax ID / EORI Number]

Invoice #: _____
Date: _____
Due Date: _____

IMPORTER / BILL TO

Phone: _____

SHIPPING DETAILS

Vessel/Voyage: _____
Port of Entry: _____
Bill of Lading: _____
Container #: _____

VEHICLE IDENTIFICATION

Year: _____
Make: _____
Model: _____
VIN: _____
Engine #: _____
Color: _____

Description of Services / Charges	Qty	Rate	Amount
Customs Clearance Fee	1		
Import Duty ([Percentage]%)	1		

Description of Services / Charges	Qty	Rate	Amount
VAT / Sales Tax on Import	1		
Port Handling & Wharfage	1		
Storage / Demurrage Fees			
Inland Transportation (Port to Delivery)	1		
Documentation & Compliance Fees	1		
Subtotal: \$0.00			
Total Tax: \$0.00			
TOTAL DUE: \$0.00			

NOTES & PAYMENT INSTRUCTIONS

Please include Invoice Number as reference. All vehicles must be collected within 48 hours of clearance to avoid additional storage fees. Payment is required in full prior to vehicle release.

Bank: _____ | Account: _____ | SWIFT/BIC: _____