

AUTO FREIGHT INVOICE

Company Name
Address Line 1
City, Country, Zip

Invoice #: _____
Date: _____
Reference: _____

SHIPPER / EXPORTER

CONSIGNEE / RECEIVER

VEHICLE DESCRIPTION

Year: _____
Make: _____
Model: _____
VIN: _____
Color: _____
Condition: _____

SHIPMENT INFO

Port of Loading: _____
Port of Discharge: _____
Vessel/Voyage: _____

TRANSPORT MODE

Ro-Ro (Roll-on/Roll-off)
Shared Container
Dedicated Container

Description of Charges	Amount
Ocean Freight Charges	\$0.00
Inland Towing / Transport	\$0.00
Documentation & Customs Filing	\$0.00
Terminal Handling Fees (THC)	\$0.00
Marine Insurance	\$0.00
Subtotal: \$0.00	
Tax: \$0.00	
Total Due: \$0.00	

Payment Terms: Net 30 days. Please include invoice number with wire transfer.

Notes: All business is transacted subject to the Standard Trading Conditions of the International Freight Association.