

SHIPPING INVOICE

[Company Name]
[Address Line 1]
[Address Line 2]

INVOICE NUMBER
#

DATE

CONSIGNOR (SHIPPER)

Name:

Address:

Phone/Tax ID:

CONSIGNEE (RECEIVER)

Name:

Address:

Destination Country:

VEHICLE INFORMATION

Year/Make/Model:

VIN/Chassis Number:

Color/Trim:

Port of Loading:

Port of Discharge:

Vessel/Voyage:

Description of Charges	Currency	Amount
Ocean Freight Charges		

Description of Charges	Currency	Amount
Terminal Handling Fees (THC)		
Documentation & Bill of Lading		
Customs Clearance / Brokerage		
Marine Insurance Premium		
Subtotal: 0.00		
Tax/VAT: 0.00		
Total Due: 0.00		

PAYMENT INSTRUCTIONS / NOTES