

INVOICE

Overseas Auto Delivery Logistics

Invoice #: _____

Date: _____

CONSIGNOR / SHIPPER

CONSIGNEE / RECEIVER

VEHICLE INFORMATION

Year/Make/Model: _____

VIN: _____

Plate/Tag: _____

SHIPPING DETAILS

Port of Loading: _____

Port of Discharge: _____

Vessel/Voyage: _____

Description of Services	Amount
Ocean Freight Charges	\$ _____
Inland Transport (To Port)	\$ _____

Description of Services	Amount
Documentation & Export Clearance	\$ _____
Marine Insurance	\$ _____
Port Handling Fees	\$ _____

Subtotal: \$ _____
Tax/VAT: \$ _____
TOTAL DUE: \$ _____

Payment Terms: Net ___ Days. Please include Invoice # with wire transfer.

Notes: All delivery dates are estimates subject to carrier schedules and customs clearance.