

INVOICE

[Company Name]
[Street Address]
[City, State, Zip]

Invoice #: [0000]
Date: [MM/DD/YYYY]

CLIENT / BILL TO

[Client Name]
[Client Address]
[Phone/Email]

SHIPPING DETAILS

Origin Port: [Port Name, Country]
Destination Port: [Port Name, Country]
ETA: [Date]

VEHICLE INFORMATION

Year/Make/Model: [Vehicle Name] **VIN:** [VIN Number] **Plate/Tag:** [Number]

Description of Services	Quantity	Rate	Amount
Ocean Freight Charges (Port to Port)	1	\$0.00	\$0.00
Terminal Handling Charges (THC)	1	\$0.00	\$0.00
Documentation & Bill of Lading Fees	1	\$0.00	\$0.00
Marine Insurance (Optional)	1	\$0.00	\$0.00

Description of Services	Quantity	Rate	Amount
Customs Clearance / Administrative Fee	1	\$0.00	\$0.00
Subtotal: \$0.00			
Tax / VAT: \$0.00			
<hr/> TOTAL DUE: \$0.00			

Payment Terms: Payment due within [X] days. Please include invoice number with your transfer.

Notes: Port storage fees may apply if the vehicle is not collected within [X] days of arrival.