

RoRo SHIPPING INVOICE

Company Name
Street Address
City, State, Zip
Phone / Email

Invoice #: _____
Date: _____
Booking #: _____

SHIPPER / EXPORTER

Name:
Address:
Phone:

CONSIGNEE

Name:
Address:
Phone:

PORT OF LOADING

PORT OF DISCHARGE

VEHICLE DETAILS

Year / Make / Model	VIN / Chassis Number	Condition	Weight (kg)
		Run & Drive / Non-Runner	

CHARGES

Description of Services	Amount
Ocean Freight (RoRo)	
Port Handling / Terminal Fees	
Documentation & Customs Filing	
Insurance	
Inland Towing (to Port)	

Subtotal: \$ _____

Tax: \$ _____

Total Balance Due: \$ _____

Terms & Instructions:

1. All vehicles must be empty of personal belongings unless authorized.
2. Payment is due upon receipt of invoice unless otherwise agreed.
3. Subject to carrier's standard bill of lading terms.