INVOICE

Service Provider: _____

License No: _____

Invoice #: _____

Date: ____/____/20____

BILL TO (Vessel Owner/Agent):
Name: _____
Address: _____
Tax ID: _____

VESSEL PARTICULARS:
Vessel Name: _____
IMO/MMSI: _____
Call Sign: _____

Description of Navigation Services/Equipment	Qty/Hrs	Unit Price	Total
ECDIS Chart Updates / Subscription			
GPS/GNSS Receiver Calibration			
AIS/Radar Integration Service			
Annual Navigation Audit/Inspection			

Description of Navigation Services/Equipment	Qty/Hrs	Unit Price	Total

Subtotal: $_____

Tax/VAT: $_____

GRAND TOTAL: $_____

Payment Terms: Net ____ Days. Bank Wire Transfers Only.

SWIFT/BIC: _____ | **IBAN:** _____

Certified Navigation Systems Service provided under IMO/SOLAS standards.