

# DEBIT INVOICE

Freight Surcharge Adjustment



Debit Invoice No:		Date:	
Original Invoice No:		Original Invoice Date:	
Bill of Lading / Waybill:		Payment Terms:	
Carrier Name:		Due Date:	

<b>CARRIER / ISSUER INFO</b> _____ _____ _____	<b>DEBITED PARTY (BILL TO)</b> _____ _____ _____
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SURCHARGE CATEGORY / DESCRIPTION	REF / CONTAINER NO.	QUANTITY / WEIGHT	RATE	AMOUNT

Subtotal	
Tax / VAT	
<b>Total Debit Due</b>	

## DEBIT REASON / NOTES

## AUTHORIZATION

\_\_\_\_\_  
Authorized Carrier Representative

\_\_\_\_\_  
Date