

INVOICE

Invoice No:

Date:

Due Date:

BILL TO (CUSTOMER)

Name:
Address:
Phone:
Email:

CONSIGNEE (DELIVERY ADDRESS)

Name:
Address:
Contact:
Phone:

TRANSPORT & LOGISTICS DETAILS

Waybill / BOL No:
Origin:
Destination:
Carrier Name:
Vehicle / No:
Trailer No:
Loading Date:
Delivery Date:

DESCRIPTION OF SERVICES / GOODS	QTY / WEIGHT	UNIT	RATE	TOTAL

Freight Subtotal

Fuel Surcharge

Ancillary Charges

Tax / VAT

Total Due

PAYMENT TERMS & INSTRUCTIONS

Bank Name:

Account Number:

IBAN / BIC / Swift:

Terms:

Authorized Signature

Customer / Receiver Signature

Thank you for your business!