LTL FREIGHT INVOICE

Carrier Name
Street Address
City, State, Zip

Invoice #: _____

Date: _____

PRO #: _____

BOL #: _____

SHIPPER (FROM)

CONSIGNEE (TO)

Qty	Type	Description of Goods / NMFC #	Class	Weight (lbs)	Rate	Amount

ACCESSORIAL SERVICES

Liftgate Pickup/Delivery	[ ]
Residential Delivery	[ ]
Inside Delivery	[ ]
Appointment Required	[ ]

Freight Charges: $_____
Fuel Surcharge: $_____
Accessorials: $_____

TOTAL DUE: $_____

TERMS & CONDITIONS:

Payment is due within 30 days. Standard LTL liability limits apply unless otherwise stated in the tariff. Carrier is not responsible for concealed damage not noted at time of delivery.