INVOICE

[Carrier Name]
[Address Line 1]
[City, State, Zip]

Invoice #: _____

Date: _____

PRO #: _____

PO #: _____

SHIPPER (ORIGIN)

[Name]
[Address]
[City, State, Zip]

CONSIGNEE (DESTINATION)

[Name]
[Address]
[City, State, Zip]

BILL TO

[Third Party/Payer Name]
[Address]
[City, State, Zip]

SHIPMENT DETAILS

Pickup Date: _____
Delivery Date: _____
Weight: _____ lbs
Pallet Count: ____

Description	Class	NMFC #	Weight	Rate	Amount
Freight Charges					$
Fuel Surcharge					$
Liftgate Service					$
Residential Delivery					$

Subtotal: $ _____
Tax: $ _____

Total Amount Due: $ _____

Terms: Net [30] Days. Please make checks payable to [Carrier Name].

Remittance Address: [Payment Address, City, State, Zip]