INVOICE

Carrier Name: _____

Address: _____

Invoice #: _____

Date: _____

Reference: _____

BILL TO:

_____

_____

_____

SHIPPER / ORIGIN:

_____

_____

CONSIGNEE / DESTINATION:

_____

_____

CONTAINER/TANK ID	PRODUCT DESCRIPTION	WEIGHT/QTY	RATE	SURCHARGE	TOTAL

Subtotal: $ _____
Fuel Surcharge: $ _____
Accessorial Charges: $ _____

TOTAL DUE: $ _____

Terms: Net 30 Days. Please include invoice number with remittance.

Payment Instructions: _____