[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

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

SHIPMENT REFERENCE

BOL #: _____
Container #: _____
Vessel/Voyage: _____

PICKUP LOCATION

[Port/Terminal Name]
[Address]

DELIVERY LOCATION

[Warehouse/Consignee]
[Address]

DESCRIPTION	CONTAINER SIZE	RATE	TOTAL
Base Drayage Fee	[20'/40'/45']	$	$

DESCRIPTION	CONTAINER SIZE	RATE	TOTAL
Fuel Surcharge	-	$	$
Chassis Rental ([ ] Days)	-	$	$
Port Fees / Pier Pass	-	$	$
Accessorial (Wait/Storage)	-	$	$

Subtotal: $_____
Tax: $_____
TOTAL DUE: $_____

Terms & Conditions: Payment is due within [X] days. Late payments may be subject to a [X]% monthly fee. Please include invoice number with your payment.

Remit Payment to: [Bank Details / Address]