ENTERPRISE INTERMODAL

123 Logistics Way
Port Terminal, ST 54321
contact@enterprise-intermodal.com

INVOICE

Invoice #: _____
Date: _____
Load #: _____

BILL TO

Customer Name
Address Line 1
City, State, Zip
Tax ID: _____

SHIPMENT OVERVIEW

Container #: _____
Size/Type: _____
Vessel/Voyage: _____
B/L Number: _____

ORIGIN / PICKUP

Location: _____
Date: _____
Appt Time: _____

DESTINATION / DELIVERY

Location: _____
Date: _____
Appt Time: _____

DESCRIPTION OF SERVICES	QUANTITY	RATE	TOTAL
Line Haul (Drayage)			
Fuel Surcharge			
Chassis Usage			
Pre-Pull / Storage			
Demurrage / Detention			
Other:			

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

Payment Terms: Net 30 Days. Please include Invoice Number with payment.

Remit To: Enterprise Intermodal Carrier, Dept 99, P.O. Box 000, City, State, Zip