INVOICE

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

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

[Customer Name]
[Address]
[Contact Phone]

SHIPPER / ORIGIN:

[Name/Facility]
[Address]

CONSIGNEE / DESTINATION:

[Name/Facility]
[Address]

CONTAINER/TRAILER #
_____
SIZE/TYPE
_____
SEAL NUMBER
_____
BOL/WAYBILL #
_____
RAIL CARRIER
_____
TRUCK CARRIER
_____
PICKUP DATE
_____

DELIVERY DATE
_____
WEIGHT (LBS/KG)
_____

DESCRIPTION OF CHARGES	RATE	QTY	TOTAL
Rail Linehaul Freight			
Drayage (Origin)			
Drayage (Destination)			
Fuel Surcharge (FSC)			
Accessorials (Chassis/Storage/Wait)			

Subtotal:$_____
Tax/Fees:$_____

TOTAL DUE:$_____

NOTES / INSTRUCTIONS:

Terms: Net [X] Days. Please include invoice number with payment. All goods handled per standard intermodal liability terms.