FRESH LOGISTICS CO.

Cold Chain Solutions

INVOICE

Invoice #: _____
Date: _____
PO #: _____

SHIPPER / FROM

_____
_____
_____

BILL TO / CONSIGNEE

_____
_____
_____

Product Description	Temp. Req.	Pallets/Qty	Weight (lbs)	Rate	Amount

SHIPMENT NOTES

Origin: _____
Destination: _____
BOL Reference: _____

Subtotal: $ 0.00

Fuel Surcharge: $ 0.00
Reefer Fee: $ 0.00
TOTAL DUE: $ 0.00

Payment Terms: Net 30 Days. Please make checks payable to **Fresh Logistics Co.**

All produce transported under strict temperature control protocols. Certified Cold Chain provider.