WHITE GLOVE SHIPPING INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone] | [Email]

Invoice #: _____
Date: _____
BOL #: _____
PO #: _____

CONSIGNOR / PICKUP

[Name/Business]
[Street Address]
[City, State, Zip]
[Contact Person]
[Phone Number]

CONSIGNEE / DELIVERY

[Name/Business]
[Street Address]
[City, State, Zip]
[Contact Person]
[Phone Number]

ITEM DESCRIPTION & DIMENSIONS	QTY	WEIGHT	HANDLING CLASS	AMOUNT

WHITE GLOVE SERVICE DETAILS	RATE
Standard Freight Charge	
Premium Handling Services: [ ] Inside Placement & Room of Choice [ ] Unpacking & Debris Removal [ ] Light Assembly / Installation [ ] Multi-Person Lift / Stairs [ ] Liftgate Service	
Valuation / Insurance Coverage	
Fuel Surcharge	

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

Terms & Conditions: Payment is due within [XX] days. White Glove service includes standard room-of-choice delivery. Any structural modifications or electrical wiring are excluded unless specified. Items inspected and received in good condition except as noted.

Customer Signature

Date