WHITE GLOVE FINAL MILE

Company Name

Street Address

City, State, Zip

INVOICE NUMBER

#000000

DATE

MM/DD/YYYY

BILL TO

Customer Name

Contact Phone

Email Address

DELIVERY DESTINATION

Address Line 1

Address Line 2

Gate Code / Instructions

SERVICE LEVEL

Room of Choice
Assembly / Installation
Debris Removal
Stair Carry (Qty: __)

SHIPMENT DETAILS

BOL / Tracking #:

Carrier:

Pieces / Weight:

DESCRIPTION OF SERVICES / ITEMS	QTY	RATE	AMOUNT
Final Mile Transportation			
White Glove Handling & Placement			

DESCRIPTION OF SERVICES / ITEMS	QTY	RATE	AMOUNT
Product Assembly Services			
Fuel Surcharge			

Subtotal $0.00
Additional Fees $0.00
Total Balance Due $0.00

CUSTOMER ACKNOWLEDGEMENT

I hereby confirm that the items were received in good condition and services were performed as described.

SIGNATURE & DATE