WHITE GLOVE

Freight Management Solutions

PREMIUM HANDLING

INVOICE

Date: _____
Invoice #: _____
PO #: _____

SERVICE PROVIDER

White Glove Logistics Ltd.
123 Logistics Way, Suite 500
New York, NY 10001
billing@whiteglovefreight.com

BILL TO

_____
_____
_____
_____

ORIGIN / PICKUP

Contact: _____
Address: _____
Date: _____

DESTINATION / WHITE GLOVE DELIVERY

Contact: _____
Address: _____
Service Level: Inside / Room of Choice

DESCRIPTION OF SERVICES / ITEMS	WEIGHT/QTY	RATE	AMOUNT
Primary Freight Carriage			$ 0.00
White Glove Residential Delivery (Two-Man)			$ 0.00
Unpacking & Debris Removal			$ 0.00
Assembly / Placement Services			$ 0.00
Fuel Surcharge / Insurance			$ 0.00

Subtotal: $ 0.00
Tax: $ 0.00
Total Due: $ 0.00

Payment is due within 30 days. Please include invoice number with remittance.
Thank you for choosing our White Glove premium freight management services.