

WHITE GLOVE FULFILLMENT

123 Logistics Way
Suite 500
Premium Operations Center

INVOICE

INV-0000
Date: [MM/DD/YYYY]

CLIENT BILLING

[Client Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

SHIPPING/PROJECT DETAILS

Tracking: [Tracking Number]
Carrier: [Carrier Name]
Service: White Glove / Inside Delivery

Description of Services & Logistics	Qty	Rate	Amount
Premium Climate-Controlled Warehousing (Per Pallet)	-	\$0.00	\$0.00
Pick, Pack & Inspection Fee (High-Touch)	-	\$0.00	\$0.00
Last Mile Delivery & Threshold Placement	-	\$0.00	\$0.00

Description of Services & Logistics	Qty	Rate	Amount
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Debris Removal & Sustainable Disposal	-	\$0.00	\$0.00
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Subtotal: \$0.00

Handling/Fuel Surcharge: \$0.00

Total Due: \$0.00

PAYMENT TERMS

Net 30. Please make checks payable to **White Glove Fulfillment Logistics**. For wire transfer instructions or concierge support, please contact your account manager directly.