# WHITE GLOVE LOGISTICS

## INVOICE
#INV-000000

**Date:** [Date]
**PO Number:** [PO Number]
**Due Date:** [Date]

SERVICE PROVIDER

**White Glove Logistics HQ**
123 Luxury Way
Suite 500
New York, NY 10001

BILL TO

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

ORIGIN / PICKUP

[Address Line 1]
[City, State, Zip]

DESTINATION / WHITE GLOVE DELIVERY

[Address Line 1]
[City, State, Zip]

| DESCRIPTION OF SERVICES | QTY | RATE | AMOUNT |
|---|---|---|---|
| Premium White Glove Handling & Transportation | 1 | $0.00 | $0.00 |
| Inside Placement & Room of Choice Set-up | 1 | $0.00 | $0.00 |
| Debris Removal & Packaging Disposal | 1 | $0.00 | $0.00 |

| DESCRIPTION OF SERVICES | QTY | RATE | AMOUNT |
|---|---|---|---|
| Full Value Insurance Coverage | 1 | $0.00 | $0.00 |

Subtotal $0.00
Fuel Surcharge $0.00
Total Amount $0.00

**NOTES & TERMS**

Standard white glove terms apply. Payment is due within 30 days. Thank you for your business.