[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

SHIPPING INVOICE

Invoice #: _____

Date: _____

P.O. #: _____

BILL TO

[Customer Name]
[Company Name]
[Address]
[City, State, Zip]

SHIP TO (DESTINATION)

[Contact Person]
[Site Address]
[City, State, Zip]
Attn: Receivables

SHIPPING METHOD

Carrier: _____
BOL #: _____
FOB: _____

PAYMENT TERMS

Net _____ Days
Due Date: _____

QTY	MODEL/SKU	EQUIPMENT DESCRIPTION & SPECIFICATIONS	UNIT PRICE	TOTAL

Subtotal: $_____
Freight/Rigging: $_____
Sales Tax: $_____
TOTAL DUE: $_____

PHYSICAL LOGISTICS DETAIL

Total Weight: _____ lbs | Dimensions (LxWxH): _____ | Number of Crates/Pallets: _____

Hazardous Materials: [ ] No [ ] Yes - (See attached SDS)

Terms & Conditions: Equipment remains property of [Company Name] until full payment is received. Inspect all machinery for transit damage before signing BOL. Direct all technical inquiries to [Technical Support Phone].