

# [COMPANY NAME]

[Street Address]  
[City, State, Zip]  
Phone: [000-000-0000]  
MC/DOT#: [Number]

## INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
PO/Load #: \_\_\_\_\_

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### BILL TO

[Customer Name]  
[Billing Address]  
[City, State, Zip]  
Contact: [Name/Email]

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### REMIT PAYMENT TO

[Payee Name or Factoring Co]  
[Payment Address]  
[City, State, Zip]  
Account #: [Number]

**Origin:**

[City, State]

**Destination:**

[City, State]

**Carrier:**

[Driver/Truck Name]

**Pickup Date:**

\_\_\_/\_\_\_/\_\_\_

**Delivery Date:**

\_\_\_/\_\_\_/\_\_\_

**Equipment:**

[Van/Reefer/Flatbed]

Description / Load Details	Quantity	Rate	Amount
Line Haul / Freight Charges			\$
Fuel Surcharge			\$
Accessorials (Detention, Lumper, Stop-off)			\$

Subtotal: \$ \_\_\_\_\_  
Tax/Other: \$ \_\_\_\_\_

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**Total Due: \$ \_\_\_\_\_**

**Terms:** Payment is due within [Number] days. Late fees may apply.

**Notes:** Please include Invoice # on all checks. Thank you for your business.