

[3PL COMPANY NAME]

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

INVOICE

[0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO

[Client Company Name]
[Contact Person]
[Street Address]
[City, State, Zip]

LOGISTICS SUMMARY

Period: [Date Range]
Warehouse: [Location ID]
Account Ref: [Ref Number]

Service Description	Activity/Qty	Rate	Amount
Storage - Pallet Positions (Monthly)	[Qty]	\$0.00	\$0.00
Inbound Receiving / Unloading	[Qty]	\$0.00	\$0.00
Order Fulfillment / Pick & Pack	[Qty]	\$0.00	\$0.00

Service Description	Activity/Qty	Rate	Amount
Freight / Shipping Charges	[Qty]	\$0.00	\$0.00
Small Parcel Handling	[Qty]	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total Amount: \$0.00

Payment Terms: [Net 30]

Notes: Please include invoice number with your payment. Wire transfer and ACH details available upon request.