FREIGHT INVOICE

Logistics & Shipping Services

Invoice #: _____

Date: _____

BOL #: _____

SHIPPER / CONSIGNOR

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

CONSIGNEE / SHIP TO

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

CARRIER DETAILS

Carrier Name: _____

Trailer #: _____

Driver Name: _____

SHIPPING TERMS

Mode: [ ] Air [ ] Ocean [ ] Road

Payment: [ ] Prepaid [ ] Collect

ETA Date: _____

Qty	Package Type	Description of Goods / NMFC #	Weight (lbs)	Rate	Total

Subtotal: $ _____
Fuel Surcharge: $ _____
Accessorials: $ _____

TOTAL AMOUNT: $ _____

CERTIFICATIONS & SIGNATURES

Shipper Signature:

_____

Driver Signature:

_____

Subject to the terms and conditions of the Uniform Straight Bill of Lading. Goods received in good order except as noted.