INVOICE

Warehouse Facility Name
123 Logistics Way
Distribution Hub, ST 00000

Invoice #: _____

Date: _____

Due Date: _____

Bill To:

_____
_____
_____

Shipment/Ref Info:

PO Number: _____
BOL Number: _____
Carrier: _____

Service / SKU	Description	Qty/Hrs	Rate	Total
_____	Pallet Storage (Monthly)	_____	_____	_____
_____	Inbound Handling	_____	_____	_____

Service / SKU	Description	Qty/Hrs	Rate	Total
_____	Order Picking/Fulfillment	_____	_____	_____
_____	Cross-Docking Services	_____	_____	_____

Subtotal: $_____
Tax: $_____

Balance Due: $_____

Notes / Payment Instructions:

Please include invoice number with your payment. Standard payment terms apply. Net 30 days unless otherwise specified.