[BROKERAGE NAME]

MC# 000000 | DOT# 000000

INVOICE NUMBER

#INV-0000

DATE

[Date]

BILL TO

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

SHIPMENT REFERENCE

Load ID: [Load Number]
PO Number: [PO Number]
Equipment: [Type/Size]

Description	Origin / Destination	Quantity	Rate	Amount
Linehaul Freight	[City, ST] to [City, ST]	1.0	$0.00	$0.00
Fuel Surcharge	-	1.0	$0.00	$0.00
Accessorials (Tarp/Stop/Detention)	-	1.0	$0.00	$0.00

Subtotal: $0.00
Total Due: $0.00

Payment Terms: Net [30] Days. Please include Invoice Number with payment.
Remit To: [Brokerage Name], [Payment Address], [City, State, Zip]