INVOICE

[Brokerage Name]
[Address]
[Phone] | [Email]
MC# [Number]

Invoice #: _____
Date: _____
Load #: _____

Bill To:

[Customer Name]
[Address]
[City, State, Zip]

Carrier Info:

[Carrier Name]
[Truck/Trailer #]
[Driver Name]

Pickup (Origin):

[Shipper Name]
[Address]
Date: _____

Delivery (Destination):

[Consignee Name]
[Address]
Date: _____

Description	Qty/Miles	Rate	Amount
Dry Van Linehaul			$
Fuel Surcharge			$
Accessorials (Lumper/Detention)			$

Subtotal: $_____

Total Due: $_____

Notes: Please include Load # on all remittances. Terms are Net [30] days.