EXPEDITED LOGISTICS

INVOICE

[Invoice Number]
Date: [MM/DD/YYYY]

BROKER INFORMATION

Expedited Logistics Brokerage
[Address Line 1]
[City, State, Zip]
Phone: [Phone Number]
Email: [Email Address]

BILL TO

[Customer Name]
[Billing Address Line 1]
[City, State, Zip]
Attn: Accounts Payable

SHIPMENT INFORMATION

Load ID: [Load Number]

Carrier: [Carrier Name]

Equipment: [Vehicle Type]

Origin: [City, State]

Destination: [City, State]

Delivery Date: [MM/DD/YYYY]

Description of Charges	Quantity	Rate	Amount
Linehaul Freight Charge	1	$0.00	$0.00
Fuel Surcharge	[Mileage]	$0.00	$0.00
Expedited Fee / Priority Handling	1	$0.00	$0.00
Accessorials (Detention/Tarp/Stop-off)	-	-	$0.00

Subtotal: $0.00
Tax: $0.00
Total Balance Due: $0.00

PAYMENT TERMS & INSTRUCTIONS

Net [X] Days. Please make checks payable to **Expedited Logistics Brokerage**.

Wire/ACH Instructions: [Bank Name] | Routing: [Number] | Account: [Number]

Thank you for your business.