

[BROKER NAME]

[Address]
[MC/DOT Number]
[Phone/Email]

INVOICE

[Invoice Number]
Date: [Date]

BILL TO

[Customer Name]
[Address]
[Contact Info]

SHIPMENT REFERENCE

Load #: [Number]
PO #: [Number]
Account: [Reference]

Container #: [Number]
Size/Type: [e.g. 40' HC]
Seal #: [Number]
Vessel/Voyage: [Name]
Origin: [Port/Ramp]
Destination: [Port/Ramp]

Description of Services	Rate	Qty	Total
Drayage - [Origin to Destination]	\$0.00	1	\$0.00
Fuel Surcharge	\$0.00	1	\$0.00

Description of Services	Rate	Qty	Total
Chassis Usage / Split	\$0.00	1	\$0.00
Accessorials ([Detention/Storage])	\$0.00	1	\$0.00

Subtotal: \$0.00
Total Due: \$0.00

PAYMENT TERMS & NOTES

Net [Days] days. Please make checks payable to [Broker Name].
Remit to: [Bank Details or Mailing Address]