[LOGISTICS BROKERAGE NAME]

[Street Address]
[City, State, Zip]
Phone: [000-000-0000]
Email: [Email Address]

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

[Customer Name]
[Billing Address]
[City, State, Zip]
Attn: [Contact Name]

REMIT TO

[Brokerage Payment Dept]
[Payment Address]
[City, State, Zip]
MC/DOT #: [Number]

Load Number: _____
PO Number: _____
Carrier: _____
Origin: [City, State]
Destination: [City, State]
Weight/Qty: _____

Description of Services	Quantity/Weight	Rate	Total
Freight Brokerage - Linehaul			$

Description of Services	Quantity/Weight	Rate	Total
Fuel Surcharge			$
Accessorials (Tarp, Stop-off, etc.)			$
Detention / Layover			$

Subtotal: $ _____
Tax: $ _____
Total Amount Due: $ _____

Terms: Net [30] Days. Please include invoice number on all remittances.

Thank you for your business.