BROKERAGE INVOICE

[Brokerage Name]
[Street Address]
[City, State, Zip]
[Phone] | [Email]

Invoice #: [_____]
Date: [_____]
Load Number: [_____]
PO/Ref #: [_____]

BILL TO

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

CARRIER INFORMATION

Carrier: [Carrier Name]
PRO #: [_____]
MC/DOT: [_____]

ORIGIN (PICKUP)

[Shipper Name]
[Address]
[City, State, Zip]
Date: [_____]

DESTINATION (DELIVERY)

[Consignee Name]
[Address]
[City, State, Zip]
Date: [_____]

Qty	Handling Unit	Description of Goods / NMFC Class	Weight	Rate	Total
[__]	[__]	[Description]	[__] lbs	$[__]	$[0.00]

Qty	Handling Unit	Description of Goods / NMFC Class	Weight	Rate	Total
				Fuel Surcharge	$[0.00]
				Accessorials (Liftgate, Residential, etc.)	$[0.00]

Subtotal: $0.00

Tax/Other: $0.00

Total Due: $0.00

Payment Terms: [Net 30 Days]
Please make checks payable to: [Brokerage Name].
Remittance Address: [Payment Address, City, State, Zip]

Thank you for your business.