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

INVOICE

Invoice #: _____
Date: _____

BILL TO:
[Customer Name]
[Customer Address]
[City, State, Zip]
LOAD INFORMATION:
Load ID: _____
MC/DOT #: _____
Carrier: _____

REEFER SETTINGS:
Required Temp: _____ F | Mode: [ ] Continuous [ ] Cycle Sentry
Pre-cool Required: [ ] Yes [ ] No

Origin / Destination	Description of Goods	Weight	Rate	Amount
Pick: _____ Drop: _____	[Commodity Name]	_____ lbs	$	$
			Fuel Surcharge	$
			Reefer Unit Fee / Washout	$
			Accessorials (Lumper/Detention)	$

TOTAL DUE: $_____

Payment Terms: Net [ ] Days. Please make checks payable to [Brokerage Name].

Thank you for your business!