FREIGHT INVOICE

Brokerage Name
123 Logistics Way
City, State, Zip
MC# / DOT#

Invoice #: _____
Date: _____
Load #: _____

BILL TO

Customer Name
Address Line 1
City, State, Zip

PAYMENT TERMS

Net ___ Days
Due Date: _____

SHIPMENT SPECIFICATIONS

Origin:
City, ST
Destination:
City, ST
Equipment:
Flatbed/RGN/Reefer
Weight:
_____ lbs
Commodity:
_____
Mileage:
_____ miles

Description of Services / Accessorials	Quantity	Rate	Amount
Linehaul Charge	1	$	$

Description of Services / Accessorials	Quantity	Rate	Amount
Fuel Surcharge (FSC)		$	$
Specialized Handling / Tarping		$	$
Detention / Layover		$	$

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

NOTES & REMITTANCE

Please include Invoice Number on all checks.
Payable to: **Brokerage Name** | Federal Tax ID: XX-XXXXXXX
For ACH/Wire transfers: Bank Name | Routing: XXXXXX | Account: XXXXXX