[3PL COMPANY NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO

[Client Name]
[Client Address]
[Contact Email]

SHIPMENT SUMMARY

BOL/Reference: [Ref Number]
Carrier: [Carrier Name]
Origin/Dest: [City to City]

SERVICE DESCRIPTION	QUANTITY/UNITS	RATE	AMOUNT
Freight Charges (Linehaul)	[1]	$0.00	$0.00
Fuel Surcharge	[%]	$0.00	$0.00
Warehousing / Handling Fees	[Units]	$0.00	$0.00

SERVICE DESCRIPTION	QUANTITY/UNITS	RATE	AMOUNT
Accessorials (Liftgate, Detention, etc.)	[1]	$0.00	$0.00

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

PAYMENT INSTRUCTIONS

Wire/ACH: [Bank Name] | Acc: [Number] | Routing: [Number]

Please include Invoice Number with your payment. Terms: Net [30] Days.