

[BUSINESS NAME]

[Street Address]

[City, State, Zip]

Phone: [Phone Number]

Email: [Email Address]

MC/DOT #: [Numbers]

INVOICE

Invoice #: _____

Date: _____

Load #: _____

BILL TO:

[Broker/Company Name]

[Address]

[City, State, Zip]

REMIT PAYMENT TO:

[Payee Name or Factoring Co]

[Address]

[City, State, Zip]

Description	Origin / Destination	Quantity/Miles	Rate	Amount
Freight Charges	[Origin] to [Destination]			\$
Fuel Surcharge				\$
Lumper / Detention				\$
Other: _____				\$

Subtotal: \$ _____

TOTAL DUE: \$ _____

LOAD DETAILS:

Driver: _____ Truck/Trailer: _____

BOL #: _____ PO #: _____

Terms & Conditions:

Please make checks payable to the remittance address above. Payment is due within [Number] days. Late payments may be subject to a fee of [Percentage]%.