

[CARRIER NAME]

[Street Address]
[City, State, Zip]
Phone: [Phone Number]
Email: [Email]

INVOICE

Invoice #: _____
Date: _____
MC/DOT #: _____

BILL TO

[Broker/Shipper Name]
[Address]
[City, State, Zip]
Attn: [Accounts Payable]

LOAD INFORMATION

Load/Ref #: _____
Truck/Trailer #: _____
Driver Name: _____

PICKUP (ORIGIN)

Date: _____
Location: [City, State]
BOL #: _____

DELIVERY (DESTINATION)

Date: _____
Location: [City, State]
PO #: _____

Description of Services / Freight Details	Quantity	Rate	Amount
Line Haul / Flat Rate			\$
Fuel Surcharge			\$
Accessorials (Detention, Lumper, Stop-off)			\$

Subtotal: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

Payment Terms: Net [30] Days. Please make checks payable to **[Carrier Name]**.

Remittance Address: [Address for Payment, if different]

Thank you for your business!