

[BUSINESS NAME]

[Address Line 1]
[City, State, Zip]
Phone: [Phone Number]
Email: [Email Address]
MC/DOT #: [Numbers]

INVOICE

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

BILL TO

[Broker/Customer Name]
[Address Line 1]
[City, State, Zip]
Attn: Accounts Payable

LOAD INFORMATION

Load/Ref #: [Reference Number]
Truck #: [Truck ID]
Trailer #: [Trailer ID]
Driver: [Name]

Description	Origin / Destination	Quantity	Rate	Amount
Primary Freight Charges	[City, ST to City, ST]	[1]	\$0.00	\$0.00
Fuel Surcharge	-	[-]	\$0.00	\$0.00

Description	Origin / Destination	Quantity	Rate	Amount
Detention / Accessorials	[Location]	[Hours]	\$0.00	\$0.00
Lumper / Other	-	-	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Balance Due: \$0.00

PAYMENT INSTRUCTIONS

Please make all checks payable to **[Business Name]**.
For ACH/Wire: [Bank Name] | Routing: [Number] | Account: [Number]
Thank you for your business!