HEAVY LOAD LOGISTICS

[Company Address Line 1]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE #: _____
DATE: _____
DUE DATE: _____

BILL TO

[Client Name/Company]
[Client Address]
[Contact Name]
[Phone Number]

SHIPPING DETAILS

Origin: _____
Destination: _____
BOL #: _____
Permit #: _____

LOAD SPECIFICATIONS

Weight: _____ Dimensions: _____ Equipment: _____

Description of Services	Rate/Unit	Qty	Amount
Heavy Haul Transportation Base Rate			
Escort / Pilot Car Services			

Description of Services	Rate/Unit	Qty	Amount
Permit & State Regulatory Fees			
Fuel Surcharge			
Loading/Unloading Specialized Labor			

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

TERMS & NOTES

Please make all checks payable to [Company Name]. Payments are due within [X] days. A late fee of [X]% may apply to overdue balances. Thank you for your business.