INVOICE

Invoice #: _____
Date: _____

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

SHIPPER / ORIGIN

[Name/Company]
[Pickup Address]
[Contact Phone]

CONSIGNEE / DESTINATION

[Name/Company]
[Delivery Address]
[Contact Phone]

Description of Machinery & Serial Numbers	Dimensions & Weight	Rate/Unit	Total
Equipment: **S/N:**	L: _____ W: _____ H: _____ Weight: _____		

LOGISTICS & PERMITS

[ ] Escort Vehicles (Lead/Tail)
[ ] Over-width/Height Permits
[ ] Route Survey Complete
[ ] Rigging/Crane Services

Freight Subtotal: $ _____
Permit Fees: $ _____
Escort Service: $ _____

Fuel Surcharge: $ _____

TOTAL DUE: $ _____

TERMS & CONDITIONS

Payment terms: Net [X] days. Carrier liability limited per bill of lading. All oversized loads are subject to weather and state-mandated travel restrictions.