FREIGHT INVOICE

Company Name
Address Line 1
City, State, Zip
Phone: (000) 000-0000

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

Customer Name
Address Line 1
City, State, Zip
Contact: _____

SHIPMENT DETAILS

BOL #: _____
Origin: _____
Destination: _____
Weight: _____ lbs/kg

Description of Service / Freight Class	Quantity	Rate	Amount
Linehaul Charges			
Fuel Surcharge			
Loading / Unloading Labor			

Description of Service / Freight Class	Quantity	Rate	Amount
Accessorial Charges (Storage, Liftgate, etc)			

Subtotal: $ _____
Tax: $ _____
Total Balance Due: $ _____

TERMS & INSTRUCTIONS

Please make checks payable to: **Company Name**

Payment is expected within ____ days of invoice date. Late payments may be subject to a ____% fee. Thank you for your business.