3PL LAST MILE INVOICE

[Your Logistics Company Name]
[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

Invoice #: [000000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO

[Client Company Name]
[Billing Contact]
[Street Address]
[City, State, Zip]

SERVICE PERIOD / REFERENCE

Cycle: [Start Date] - [End Date]
Master BOL: [Reference #]
Account ID: [Client ID]

Tracking / Order ID	Destination Zip	Service Level	Weight/Dim	Base Rate	Surcharges	Total
[Order #123]	[Zip Code]	[Standard/White Glove]	[lbs/kg]	$0.00	$0.00	$0.00
[Order #456]	[Zip Code]	[Next Day]	[lbs/kg]	$0.00	$0.00	$0.00

Subtotal: $0.00
Fuel Surcharge: $0.00
Accessorial Fees: $0.00
Total Due: $0.00

PAYMENT INSTRUCTIONS

Please remit payment via ACH or Wire Transfer to:
Bank Name: [Name] | Account: [Number] | Routing: [Number]
Late payments are subject to a [0]% monthly finance charge.