

INTERSTATE COLD FREIGHT

Refrigerated Logistics & Transport

INVOICE # _____
DATE: _____

CARRIER DETAILS

Street Address
City, State, ZIP
Phone: (555) 000-0000
DOT #: _____

BILL TO

Customer Name
Street Address
City, State, ZIP
Contact Email

ORIGIN (PICKUP)

Facility Name
Address
Appt Date/Time:

DESTINATION (DROP-OFF)

Facility Name
Address
Appt Date/Time:

Description of Goods	Qty/Pallets	Temp Setting	Weight	Rate	Amount
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SPECIAL INSTRUCTIONS / REEFER LOGS

Continuous Run Required: Yes No
Pre-cool Temp: _____
Seal Number: _____

Freight Subtotal: \$0.00
Fuel Surcharge: \$0.00
Lumper/Misc: \$0.00
TOTAL DUE: \$0.00

Payment Terms: Net 30. Please make checks payable to Interstate Cold Freight.

Thank you for your business. Reliable Cold Chain Solutions.