FLATBED HAULING

[Street Address]
[City, State, Zip]
Phone: (000) 000-0000
DOT# 0000000 / MC# 000000

INVOICE

Invoice #: _____
Date: _____
PO/Load #: _____

BILL TO:

_____
_____
_____

ROUTE INFORMATION:

Origin: _____
Destination: _____

LOAD SPECIFICATIONS

Equipment:
_____
Weight:
_____ lbs
Length:
_____ ft
Tarping:
Yes / No

Description of Services	Quantity/Miles	Rate	Total
Linehaul Rate		$	$

Description of Services	Quantity/Miles	Rate	Total
Fuel Surcharge		$	$
Accessorials (Tarp, Stop, Detention)		$	$

Subtotal: $ _____
Tax: $ _____

Amount Due: $ _____

Payment Terms: Net [30] Days. Please make checks payable to: [Your Company Name]

Driver Signature: _____ *Date:* _____ | *Receiver Signature:* _____ *Date:* _____