INVOICE

Expedited Flatbed Services

Invoice #: _____

Date: _____

CARRIER

[Company Name]
[Street Address]
[City, State, Zip]
MC# / DOT#: _____

BILL TO

[Client/Broker Name]
[Street Address]
[City, State, Zip]
Reference #: _____

Origin: _____
Destination: _____
Pickup Date: _____
Delivery Date: _____
Equipment: Flatbed / Stepdeck
Weight: _____

Description	Quantity/Miles	Rate	Amount
Linehaul (Expedited)			
Fuel Surcharge			
Tarping Fees			

Description	Quantity/Miles	Rate	Amount
Accessorials (Detention/Layover)			

Subtotal: $_____
Total Due: $_____

Payment Terms: Net [ ] Days

Please make checks payable to **[Company Name]**. For wire/ACH instructions, please contact our billing department.

Thank you for your business.