FLATBED TRAILER SERVICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: _____
Date: _____
P.O. #: _____

BILL TO

[Customer Name]
[Customer Address]
[City, State, Zip]
[Contact Phone]

SHIPMENT DETAILS

Origin: _____
Destination: _____
Trailer Type: Flatbed / Step Deck
Load Description: _____

Service Description / Route	Quantity / Miles	Rate	Amount
Flatbed Freight Hauling - Linehaul			
Fuel Surcharge			
Accessorials (Tarping, Strapping, Oversize)			

Service Description / Route	Quantity / Miles	Rate	Amount
Detention / Layover Fees			

Subtotal: $ _____
Tax: $ _____
TOTAL DUE: $ _____

Notes / Payment Terms:
Please make checks payable to [Company Name]. Payment is due within [Number] days of invoice date. Thank you for your business!