HEAVY DUTY FLATBED INVOICE

Company Name

Address / Phone

INVOICE #

DATE

BILL TO:

LOAD DETAILS (VIN/UNIT/PO):

ORIGIN

DESTINATION

TRUCK / TRAILER ID

Description of Freight / Services	Weight	Rate	Amount
FSC (Fuel Surcharge)			
Tarping / Accessorials			

Subtotal: $
Tax/Other: $
TOTAL DUE: $

TERMS & CONDITIONS

Payment is due within [ ] days. Please make checks payable to the company name above. All heavy haul loads are subject to standard carrier liability limits unless otherwise negotiated.

Driver Signature

Receiver Signature