FREIGHT INVOICE

CARRIER NAME
Address Line 1
City, State, Zip
Phone: (555) 000-0000

INVOICE NUMBER
#_____

DATE
MM/DD/YYYY

BILL TO (DEBTOR)
SHIPMENT REFERENCE / PO #

ORIGIN (SHIPPER)
DESTINATION (CONSIGNEE)

QTY	UNIT TYPE	DESCRIPTION OF GOODS / FREIGHT CLASS	WEIGHT (LBS)	RATE	AMOUNT

PAYMENT TERMS

Net 30 Days. Please make checks payable to Carrier Name.

NOTES / INSTRUCTIONS

Subtotal: $0.00
Fuel Surcharge: $0.00
Accessorials: $0.00
TOTAL DUE: $0.00

MC/MX# _____
DOT# _____
FEIN# _____