[COMPANY NAME]

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

INVOICE

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

CONSIGNEE / CLIENT

[Name / Company]
[Address Line 1]
[Address Line 2]
[Phone]

DELIVERY DESTINATION

[Recipient Name]
[Address Line 1]
[Address Line 2]
[Access Instructions]

ITEM DESCRIPTION & ASSET ID	CONDITION	QTY	UNIT PRICE	AMOUNT
[Item Name / Model / Serial Number]	[New/Mint]	1	$	$
White Glove Handling & Installation	N/A	1	$	$

Subtotal: $ _____

White Glove Premium: $ _____
Insurance/Valuation: $ _____
Total Amount: $ _____

White Glove Checklist & Verification:

[ ] Multi-person Inside Delivery [ ] Unpacking & Debris Removal [ ] Inspection Certificate Signed [ ] Room-of-Choice Placement

Client Signature: _____ Date: _____

Payment Terms: Net [30]. Please make checks payable to [Company Name].
High-Value Asset Protection Policy applies to all white-glove logistics.