FURNITURE CO.

Logistics & Distribution

INVOICE NUMBER

#INV-000000

DATE

[Date]

ORIGIN / SHIPPER

[Company Name]
[Warehouse Address]
[City, State, Zip]

SHIP TO / CONSIGNEE

[Customer Name]
[Delivery Address]
[City, State, Zip]

ITEM DESCRIPTION	WEIGHT/DIM	QTY	RATE	AMOUNT
[Furniture Description - e.g. Velvet Sofa]	[00 kg / 00x00]	0	$0.00	$0.00
Crating & Protective Packaging	-	0	$0.00	$0.00
White Glove Handling / Assembly	-	0	$0.00	$0.00

Shipping Subtotal: $0.00
Handling Fees: $0.00
Insurance (Declared Value): $0.00
Total Due: $0.00

Tracking Number: [Reference Number]

Terms: All furniture items are inspected prior to dispatch. Please inspect for transit damage upon arrival before signing the Bill of Lading. Payments are due within 15 days of invoice receipt.