LOGISTICS CO.

123 Premier Way, Suite 100
Premium Logistics City, ST 90210
contact@logistics.com

INVOICE

Invoice #: _____
Date: _____
Order ID: _____

ORIGIN / PICKUP

_____
_____
_____

DESTINATION / WHITE GLOVE DELIVERY

_____
_____
_____

DESCRIPTION OF SERVICE	QTY	RATE	AMOUNT
White Glove Delivery Fee Room of choice, unboxing, debris removal	_____	$_____	$_____
Light Assembly / Installation PREMIUM	_____	$_____	$_____
Specialty Crating / Packaging	_____	$_____	$_____
Insurance / Valuation Coverage	_____	$_____	$_____

Subtotal: $_____
Tax: $_____

Total Amount: $_____

TERMS & NOTES

Payment due within 30 days. Residential delivery includes standard assembly unless otherwise noted. Items must be inspected upon arrival.