FURNITURE DELIVERY

123 Logistics Way
City, State, Zip
Email: contact@delivery.com

INVOICE

Invoice #: _____
Date: _____
Order #: _____

CUSTOMER / BILLING

Name: _____
Address: _____
Phone: _____

DELIVERY LOCATION

Address: _____
City/State: _____
Delivery Date: _____

Item Description	Qty	Unit Price	Total
Delivery & Assembly Fee	1		

Subtotal: $ _____
Tax: $ _____

TOTAL DUE: $ _____

TERMS & SIGNATURE

Please inspect all furniture upon delivery. Items must be paid in full prior to unloading.

Customer Signature: _____ Date: _____