

INVOICE

Commercial Freight

Date: _____

Invoice #: _____

BOL #: _____

SHIPPER / EXPORTER

Company Name:

Address:

Phone:

Tax ID:

CONSIGNEE / SHIP TO

Company Name:

Address:

Phone:

Tax ID:

CARRIER INFORMATION

Carrier Name:

PRO Number:

Mode: LTL FTL Air

PAYMENT TERMS

Terms: _____

Due Date: _____

Incoterms: _____

Qty / Pallets	Description of Goods	Weight (lbs/kg)	NMFC Class	Unit Price	Total

Qty / Pallets	Description of Goods	Weight (lbs/kg)	NMFC Class	Unit Price	Total

NOTES / SPECIAL INSTRUCTIONS

Subtotal:\$ _____
 Freight/Shipping:\$ _____
 Insurance/Fees:\$ _____

Total Amount:\$ _____

Authorized Signature: _____ Date: _____

Thank you for your business.