

INVOICE

Fleet Services Wholesale Logistics
123 Logistics Way, Suite 100
Contact: (555) 012-3456

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

SHIPMENT DETAILS:

Carrier: _____
BOL #: _____
Route: _____

Service / Vehicle ID	Description	Qty/Miles	Rate	Amount

Subtotal: \$ _____
Fuel Surcharge: \$ _____

TOTAL: \$ _____

Notes: _____

Payment Terms: Net 30. Please make checks payable to Fleet Services Wholesale Logistics.