

HEAVY HAUL WHOLESALE LOGISTICS

[Street Address]
[City, State, Zip]
Phone: [000-000-0000]
Email: [Email Address]

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

[Customer Name]
[Address]
[City, State, Zip]
Attn: [Contact Name]

SHIPPING & LOAD DETAILS

Load ID: _____
Origin: _____
Destination: _____
Equipment: _____

DESCRIPTION OF SERVICES / CARGO	QUANTITY/WEIGHT	RATE/UNIT	AMOUNT
Heavy Haul Base Freight Charge			
Permit Fees (Oversize/Overweight)			
Escort / Pilot Car Services			
Fuel Surcharge			

DESCRIPTION OF SERVICES / CARGO	QUANTITY/WEIGHT	RATE/UNIT	AMOUNT
Tarps / Rigging / Specialized Accessorials			

Subtotal: \$ _____

Tax: \$ _____

Total Amount: \$ _____

TERMS & CONDITIONS

Payment is due within [Number] days. Late payments may be subject to a [Percentage]% monthly interest fee. Goods are transported under the standard terms of the carrier's Bill of Lading. Please make checks payable to: **Heavy Haul Wholesale Logistics**.