

INVOICE

Logistics & Freight Services

INVOICE #

DATE

FROM:

[Company Name]

[Street Address]

[City, State, Zip]

[Phone/Email]

BILL TO:

SHIPPING ORIGIN:

DESTINATION:

Item / Fabric Type	Rolls/Units	Weight (kg/lbs)	Rate	Total
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Item / Fabric Type	Rolls/Units	Weight (kg/lbs)	Rate	Total
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NOTES / CARGO DETAILS:

Subtotal: \$0.00

Freight/Fuel: \$0.00

Tax: \$0.00

Amount Due: \$0.00

Payment Terms: Net 30. Please make checks payable to [Company Name].

Thank you for your business.