



FREIGHT INVOICE

Invoice #:	INV- _____	Invoice Date:	
Due Date:	(Net 30)	Status:	■ UNPAID ■ PAID ■ PARTIAL

FROM (CARRIER):	BILL TO (BROKER):
Company Name: _____	7 Grands Logistics LLC
MC #: _____	Kansas City, MO
Address: _____	Phone: 816-522-0179
Phone: _____	Email: 7grandslogistics@gmail.com
Email: _____	

SHIPMENT DETAILS

Load / Reference #	
BOL Number	
Pickup Date	
Delivery Date	
Origin	
Destination	
Commodity	
Weight (lbs)	
Equipment Type	
Driver Name	

CHARGES

Description	Qty	Unit Rate	Amount
Linehaul Rate	1	\$	\$
Fuel Surcharge		\$	\$
Detention (hrs)		\$70/hr	\$
TONU		\$	\$
Layover		\$	\$
Lumper Reimbursement		\$	\$
Other: _____		\$	\$
		SUBTOTAL	\$
		Tax / Deductions	\$
		TOTAL DUE	\$



PAYMENT INSTRUCTIONS

Bank Name	
Account Holder	
Routing Number	
Account Number	
Payment Method	<input type="checkbox"/> Direct Deposit <input type="checkbox"/> Check <input type="checkbox"/> Quick Pay <input type="checkbox"/> Other
Reference / Memo	Invoice #

Please remit payment within 30 days. Late payments may incur a 1.5% monthly finance charge.

Thank you for choosing 7 Grands Logistics LLC!



7 GRANDS LOGISTICS LLC