BILLING STATEMENT

Statement No:

Date:

Account No:

Due Date:

BILL TO

CONTACT / DEPT

DATE	WAYBILL / TRACKING	SERVICE TYPE	ROUTE (ORIGIN - DESTINATION)	WEIGHT	CHARGES

PAYMENT TERMS & INSTRUCTIONS

Subtotal:

Fuel Surcharge:

Tax:	
Total Due:	

Thank you for your business! Please remit payment within terms.