



INVOICE

B I L L T O	Company			Bill of Lading #			
	Address			Service Level			
	City	State	Zip	Shipment Date			
				Insurance \$			
O R I G I N	Company			D E S T I N A T I O N	Company		
	Address				Address		
	City	State	Zip		City	State	Zip
	P.O. No. or Ref. No.				P.O. No. or Ref. No.		
PIECES	WEIGHT	CLASS / NMFC or DIMENSIONS		DESCRIPTION / ADDED SERVICES		CHARGES	
Thank you very much for your business!				TOTAL \$			

AIR, LTL, TRUCKLOAD SERVICES

Please tear remittance slip and submit with payment. Call (888) 439-6679 for questions.

REMIT TO:

**OSLOCO.
P.O.BOX 95456
SOUTH JORDAN, UT 84095**

Payment Terms 30 Days

INVOICE NUMBER	
BY	\$
AFTER	\$
ENCLOSED	\$