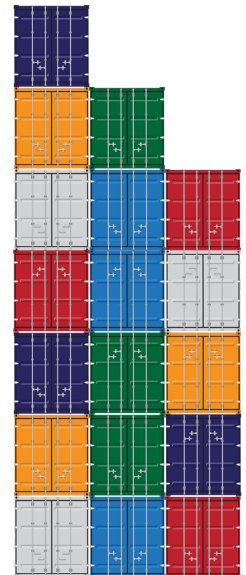


# Invoice

B I L L  T O	Company				Order #		
	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 \$			

Date
Invoice Number
Invoice Due By
Invoice Total

## AIR, LTL, TRUCKLOAD SERVICES



Please tear remittance slip and submit with payment. Call 801-447-1046 for questions.

Payment Terms 30 Days

**Remit to:**

**Shipping Container Supplier, LLC**  
1046 N. 1500 W.  
Lehi, UT 84043

Invoice Number	
By	\$
After	\$
Enclosed	\$