

Invoice **#MSF-2025-12345678**

**Issue Date:** 10/11/2025

**Due Date:** 10/11/2025

**Billed To:**

Company Name

City, State

Country

Zip code

**Mail Payment To:**

MyShipFlex Company Address

SHIP DATE	DESCRIPTION	SHIP TO	CARRIERS	TRACKING	PCS	WEIGHT	RATE	PRICE
DD/MM/YYYY	Fule Surcharge	France	DHL	312321412	2	32 KG	\$200	<b>\$1000</b>
DD/MM/YYYY	Fule Surcharge	France	DHL	312321412	2	32 KG	\$200	<b>\$1000</b>
DD/MM/YYYY	Fule Surcharge	France	DHL	312321412	2	32 KG	\$200	<b>\$1000</b>

**Total**

\$1000

**Payments**

\$1000

**Invoice Balance**

\$2000

All invoice inquiries must be reported within 10 days of the Invoice date. Please contact [billing@myshipflex.com](mailto:billing@myshipflex.com) or dial us at XXX-XXX-XXX