

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
DD/MM/YYYY	Fule Surcharge	France	DHL	312321412	2	32 KG	\$200
DD/MM/YYYY	Fule Surcharge	France	DHL	312321412	2	32 KG	\$200
DD/MM/YYYY	Fule Surcharge	France	DHL	312321412	2	32 KG	\$200

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 or dial us at XXX-XXX-XXX