

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 | \$1000 |
| DD/MM/YYYY | Fule Surcharge | France | DHL | 312321412 | 2 | 32 KG | \$200 | \$1000 |
| DD/MM/YYYY | Fule Surcharge | France | DHL | 312321412 | 2 | 32 KG | \$200 | \$1000 |

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