



Your Company Name
 123 Company Lane - New York, NY 12345
 Tel. (123) 456-7890 - Fax. (123) 456-7890

DVR PICK UP:	ORDER#	INVOICE#
DVR DROP OFF:	DVR:	TRUCK:

BILL TO:	DATE: / /
ADDRESS:	PHONE:
CITY/STATE/ZIP:	CONTACT:

SHIP FROM:

PH#1: PH#2:

SHIP TO:

PH#1: PH#2:

VEHICLE DESCRIPTION:

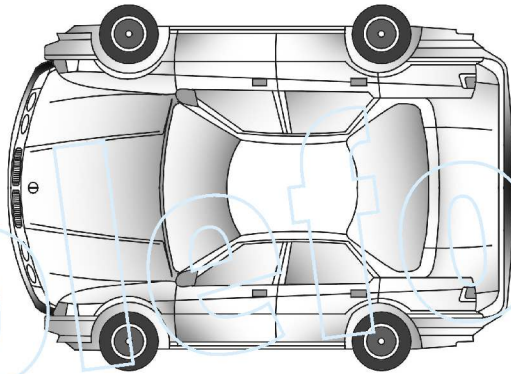
YEAR	MAKE	MODEL	COLOR	LICENSE#
VIN# (LAST 8)		STOCK#	MILES	

YEAR	MAKE	MODEL	COLOR	LICENSE#
VIN# (LAST 8)		STOCK#	MILES	

- All Books & Manuals
- 4 Keys (2 Master/wallet/valet)
- Keyless Go Switch
- Remote Entry
- Gg, Lighter
- CD Cartridge
- In-Dash CD Changer
- iPod Connector
- Blue Tooth Insert
- Navigation CD
- Headphone & Remotes
- Wind Reflectar
- Floor Mats
- Cargo Mat
- Cargo Net
- Cargo Container
- Cargo Cover
- Tools
- First Aid Kit
- Spare Tire
- Wheel Locks
- Air Compressor
- Front License Plate Holder
- Tow Hook Cover
- Roof Rail & Keys
- Contract
- Registration Sticker
- License Pates
- Other(s)
- Audio Conn.

- All Books & Manuals
- 4 Keys (2 Master/wallet/valet)
- Keyless Go Switch
- Remote Entry
- Gg, Lighter
- CD Cartridge
- In-Dash CD Changer
- iPod Connector
- Blue Tooth Insert
- Navigation CD
- Headphone & Remotes
- Wind Reflectar
- Floor Mats
- Cargo Mat
- Cargo Net
- Cargo Container
- Cargo Cover
- Tools
- First Aid Kit
- Spare Tire
- Wheel Locks
- Air Compressor
- Front License Plate Holder
- Tow Hook Cover
- Roof Rail & Keys
- Contract
- Registration Sticker
- License Pates
- Other(s)
- Audio Conn.

CAR#
1



- A Scratches
- B Dents
- C Broken/Cracked
- D Missing
- E Water Spots
- F Factory Defects
- G Unclean
- H Damaged
- I Others

COMMENTS:

DRIVER: DATE: / /

PICK-UP: DATE: / /

DELIVERY TO: DATE: / /

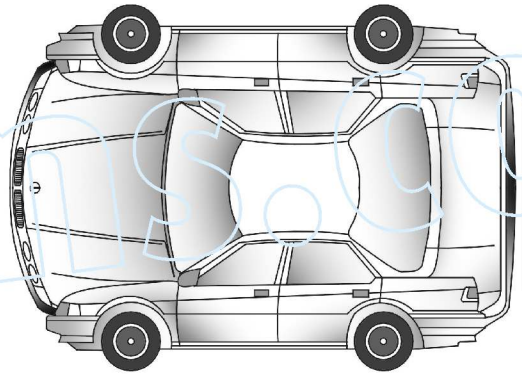
DELIVERY EXCEPTIONS:

Any Signature Will Prove the Understanding of ALL Policies Printed & ,Read

SIGNATURE

DATE

CAR#
2



- A Scratches
- B Dents
- C Broken/Cracked
- D Missing
- E Water Spots
- F Factory Defects
- G Unclean
- H Damaged
- I Others

COMMENTS:

DRIVER: DATE: / /

PICK-UP: DATE: / /

DELIVERY TO: DATE: / /

UNITS @	\$
OTHER CHARGES	\$
PAY THIS AMOUNT	\$
<input type="checkbox"/> P. O.	<input type="checkbox"/> CHECK#
<input type="checkbox"/> CASH	<input type="checkbox"/> C/C
<input type="checkbox"/> CHARGE	