

INVOICE



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

Date: _____

SHIP TO:

Name _____
 Address _____
 City/State/Zip _____
 Tel. _____
 Cell/email _____

BILL TO:

Name _____
 Address _____
 City/State/Zip _____

SHIP FROM:

Name _____
 Address _____
 City/State/Zip _____
 Tel. _____
 Cell/email _____

CAR	YEAR	MAKE	MODEL	SERIAL # - LAST 8	NOTES
1					
2					
3					
4					
5					
6					

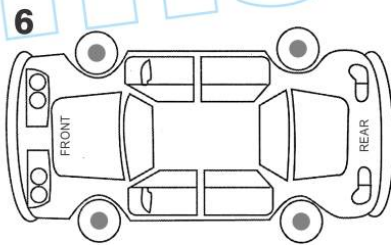
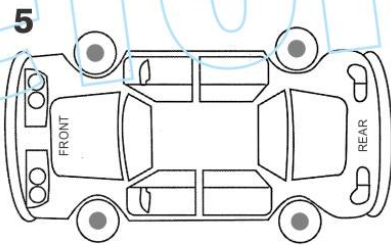
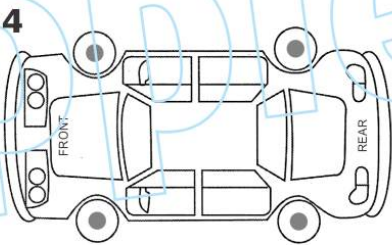
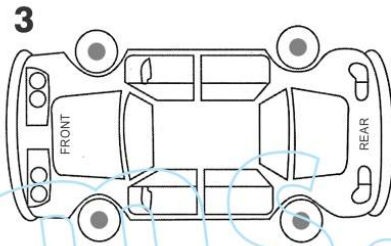
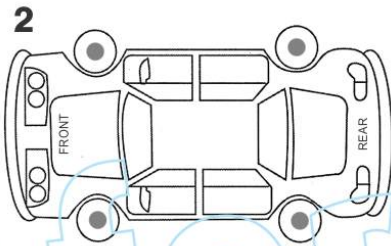
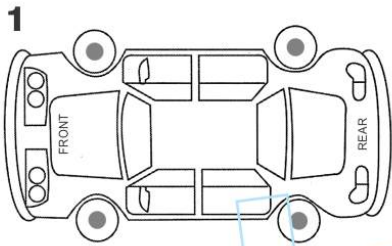


CHART OF IDENTIFICATION CODE

- B** - Bent
- BB** - Butler Burned
- B** - RBroken
- C** - Cut
- CR** - Cracked
- D** - Denied
- F** - Faded
- FF** - Foreign Fluid
- G** - Gouged
- L** - Loose
- M** - Missing
- P** - Pitted
- PC** - Paint Chip
- R** - Rubbed
- RU** - Rust
- S** - Scratched
- SL** - Soiled
- SS** - Surface Scratch
- ST** - Stained
- T** - Tom

Vehicle Condition: Driver's Signature: _____ Date: _____

During transport vehicles and vehicle equipment may cease to operate properly do to no fault of the transporter. The transport company **WILL NOT** be responsible for damage that is not directly caused by the transport driver.

THE CONSIGNEE HAS RECEIVED ABOVE LISTED VEHICLE WITH NO TRANSPORTATION DAMAGES NOTED. OR HAS MADE SUCH EXCEPTIONS ON INSPECTION SHEETS.

DATE OF DELIVERY: _____

INSPECTED BY: _____

SIGNATURE: _____ DATE _____

PRINT NAME: _____

CONSIGNOR AGREES TO RATE, TERM & CONDITIONS

_____ UNITS @ \$ _____ = \$ _____

PUSH ON / OVERSIZE / SUV'S UNITS @ _____ = \$ _____

Check # _____ Cash C.O.D.

CC#    

Exp. _____ CVC _____

PAY THE AMOUNT \$ _____