## STAMP HERE

## INVOICE #

Name	YOUR		SHIP TO:		
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Celifornial   Select To:   Name		Date:	City/State/Zip		
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CAR YEAR MAKE MODEL SERIAL 9 - LAST 8 NOTES  1 2 3 4 5 6 6 1	Tel.		Address		
The Considence has received above lessed by the transport driver.  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.  Date:  Date:	Cell/email		City/State/Zip —		
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DATE OF DELIVERY:  INSPECTED BY:  SIGNATURE:  DATE					
SIGNATURE: DATE	DATE OF DELIVERY:			Cneck #	Li Cash Lic.O.D.
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# \_\_\_\_\_ UNITS @ \$\_\_\_\_ = \$\_\_ PUSH ON / OVERSIZE / SUV'S UNITS @

CONSIGNOR AGREES TO RATE, TERM & CONDITIONS

PAY THE \$ **AMOUNT**