

CAR INVENTORY INVOICE

Invoice #: _____

Date: _____

DEALERSHIP / SELLER

Name: _____

Address: _____

Phone: _____

BUYER / RECEIVER

Name: _____

Address: _____

Phone: _____

VEHICLE IDENTIFICATION & SPECS

Year / Make / Model _____

VIN Number _____

Stock Number _____

Mileage (Odometer) _____

Color (Ext/Int) _____

DESCRIPTION

AMOUNT

Vehicle Unit Price \$ _____

Documentation & Processing \$ _____

Transportation / Freight \$ _____

Additional Options/Accessories \$ _____

Subtotal: \$ _____
Tax Rate: _____ %
TOTAL: \$ _____

Terms: Payment due upon receipt. Title transfer subject to funds clearance.

X _____
Seller Signature
X _____
Buyer Signature