

FLEET INVOICE

Company Name
Street Address
City, State, Zip

Invoice #: _____

Date: _____

PO #: _____

BILL TO:

DELIVER TO:

Vehicle Description (Year, Make, Model, Trim)	VIN / Fleet ID	Qty	Unit Price	Amount

Subtotal: \$ _____

Fleet Discount: (\$ _____)

Tax: \$ _____

Fees/Registration: \$ _____

TOTAL DUE: \$ _____

Terms & Conditions: Payment is due within ___ days. Vehicles remain property of the seller until full payment is received.

Authorized Signature: _____
Date: _____