

SALES INVOICE

Certified Pre-Owned Vehicle Division

Invoice #: _____

Date: _____

DEALERSHIP INFORMATION

Name: _____

Address: _____

Phone: _____

CUSTOMER INFORMATION

Name: _____

Address: _____

Phone / Email: _____

VEHICLE DESCRIPTION

Year / Make / Model: _____

VIN: _____

Odometer Reading: _____

Exterior / Interior Color: _____

Stock Number: _____

CPO Certification No: _____

CERTIFIED PRE-OWNED: MULTI-POINT INSPECTION COMPLETED

Vehicle Sale Price: \$ _____

CPO Program Fee: \$ _____

Documentation Fee: \$ _____

Sales Tax: \$ _____

Registration/Title: \$ _____

Trade-In Allowance: -\$ _____

Total Balance: \$ _____

Authorized Dealer Signature

Purchaser Signature

All certified pre-owned vehicles include a limited warranty. See CPO handbook for specific coverage terms and conditions.