

INVOICE

Invoice #: _____

Date: _____

Contractor Information:

Name: _____

Address: _____

Phone: _____

Tax ID/SSN: _____

Bill To (Dealership):

Entity: _____

Address: _____

Attention: _____

Date of Sale	Vehicle Description (Year/Make/Model)	VIN (Last 6)	Commission/Fee
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Subtotal: \$ _____

Other Fees: \$ _____

Total Due: \$ _____

Payment Terms:

Due upon receipt. Please make checks payable to the contractor name listed above.

Contractor Signature: _____ Date: _____