

DEALERSHIP NAME

123 Auto Drive, City, State, Zip
Phone: (555) 000-0000

INVOICE

Date: _____
Invoice #: _____

CUSTOMER INFORMATION

Name: _____
Address: _____
Phone: _____

SALES REPRESENTATIVE

Name: _____
Employee ID: _____
Commission Type: _____

VEHICLE DETAILS

Year	Make	Model	VIN	Stock #

SALES BREAKDOWN

Description	Amount
Base Vehicle Price (MSRP)	

Description	Amount
Dealer Installed Options / Accessories	
Documentation & Prep Fees	
Manufacturer Rebates / Incentives	
Trade-In Allowance (VIN: _____)	

Subtotal: \$ _____

Sales Tax: \$ _____

License/Registration: \$ _____

TOTAL BALANCE: \$ _____

Sales Representative Signature

Customer Signature

Terms: Title remains with the dealership until full payment is received. All sales are subject to credit approval.