INVOICE

Transport Company Name
Address Line 1
City, State, Zip
Phone / Email

Invoice #: _____
Date: _____
Order #: _____

BILL TO:

AUCTION DETAILS:

Auction Name:
Stock/Lot #:
Buyer ID:

Vehicle Description (Year, Make, Model)	VIN (Last 8)	Pick-up Location	Delivery Location	Amount

NOTES / SPECIAL INSTRUCTIONS:

Transport Subtotal: $_____
Fuel Surcharge: $_____
Auction Gate Fees: $_____
TOTAL DUE: $_____

Terms: Payment due upon delivery unless otherwise arranged. All vehicles transported under carrier's standard Bill of Lading terms.

Driver Signature: _____ Customer Signature: _____