AUTO HAULER INC.

123 Logistics Way
Transport City, ST 54321
Phone: (555) 010-9988

INVOICE

Invoice #: _____
Date: _____
Load ID: _____

PICKUP (DEALERSHIP/AUCTION)

Name: _____
Address: _____
City/ST: _____
Contact: _____

DELIVERY DESTINATION

Name: _____
Address: _____
City/ST: _____
Contact: _____

VEHICLE INVENTORY

Year/Make/Model	VIN (Last 8)	Type/Condition	Rate

Subtotal: $_____

Fuel Surcharge: $_____

Total Balance Due: $_____

SIGNATURES

Driver Signature:

_____

Receiving Agent Signature:

_____

Notes: All vehicles inspected upon pickup. Terms: Net 30. Thank you for your business.