CAR SHIPPING INVOICE

Invoice #: _____
Date: _____

Carrier/Company:
_____
_____
Phone: _____

Customer/Bill To:
_____
_____
Phone: _____

VEHICLE INFORMATION

Year/Make/Model: _____ **VIN:** _____

Color: _____ **Plate #:** _____

Condition: [ ] Operable [ ] Inoperable **Transport:** [ ] Open [ ] Enclosed

DOOR-TO-DOOR ROUTE

Pickup Address:
_____
_____

Delivery Address:
_____
_____

Est. Pickup Date: _____ **Est. Delivery Date:** _____

COST BREAKDOWN

Description	Amount
Base Transport Rate	$ _____
Fuel Surcharge	$ _____
Door-to-Door Service Fee	$ _____
Insurance Coverage	$ _____

Subtotal: $ _____

Deposit Paid: $ _____

BALANCE DUE (COD): $ _____

Terms: Balance is due upon delivery via Cash, Cashier's Check, or Money Order unless otherwise specified. Please inspect vehicle thoroughly upon delivery and note any discrepancies on the Bill of Lading.