ENCLOSED AUTO TRANSPORT

Carrier Name:
Address:
MC/DOT #:

INVOICE

Invoice #:
Date:

CUSTOMER / SHIPPER

Name:
Phone:
Email:

ORDER DETAILS

Order ID:
Booking Date:
Payment Terms:

PICKUP LOCATION

Address:
Contact:
Pickup Date:

DELIVERY LOCATION

Address:
Contact:
Delivery Date:

VEHICLE INFORMATION

Year/Make/Model	VIN	Type	Condition
		Enclosed	

SERVICE CHARGES

Description	Amount
Enclosed Transport Base Rate	$
Fuel Surcharge	$
Expedited Handling	$
Subtotal:	$
Paid:	$
Total Due:	**$**

Notes: All vehicles are transported under the terms and conditions of the Bill of Lading.

Thank you for your business.