ENCLOSED TRANSPORT INVOICE

Carrier: _____
Phone: _____
Email: _____

Invoice #: _____
Date: _____
PO/BOL #: _____

SHIPPER / ORIGIN

Name: _____
Address: _____
City/ST/Zip: _____

CONSIGNEE / DESTINATION

Name: _____
Address: _____
City/ST/Zip: _____

VEHICLE / CARGO INFORMATION

Year: _____ Make: _____ Model: _____ VIN: _____

Description of Services	Quantity	Rate	Total
Enclosed Transport Base Rate			
Fuel Surcharge			
Liftgate / Special Handling			
Insurance Surcharge			

Description of Services	Quantity	Rate	Total

Subtotal:$_____

Tax:$_____

Total Due:$_____

PAYMENT TERMS & INSTRUCTIONS

CUSTOMER SIGNATURE

X _____

Thank you for choosing Enclosed Transport Services. Please remit payment within ____ days.