AUTO TRANSPORT INVOICE

Company Name
MC# / DOT#
Phone: (555) 000-0000

Invoice #: _____
Date: _____

CUSTOMER / SHIPPER

Name:
Address:
Phone:

CARRIER INFORMATION

Driver Name:
Truck/Trailer #:
Contact:

ORIGIN (PICKUP)

City, State:
Zip Code:

DESTINATION (DELIVERY)

City, State:
Zip Code:

Vehicle Year, Make, & Model	VIN (Last 6)	Type (Open/Enclosed)	Amount
			$
			$

Subtotal: $_____

Fuel Surcharge: $_____

Total Balance Due: $_____

TERMS & CONDITIONS / NOTES

SHIPPER SIGNATURE

CARRIER SIGNATURE

All interstate transport is subject to the terms of the Bill of Lading. Claims for damages must be noted at the time of delivery.