

SHIPPING INVOICE

Invoice #: _____

Date: _____

CARRIER INFO: _____

CUSTOMER INFO: _____

PICKUP LOCATION: _____

DELIVERY LOCATION: _____

VEHICLE DETAILS:

Year / Make / Model	VIN	Color	Condition
---------------------	-----	-------	-----------

COST SUMMARY:

Base Transport Rate \$ _____

Fuel Surcharge / Insurance Fee \$ _____

Other Charges \$ _____

TOTAL AMOUNT DUE \$ _____

Carrier Signature

Customer Signature