CAR CARRIER INVOICE

Carrier Name
Street Address
City, State, Zip
Phone: (555) 000-0000

Invoice #: _____

Date: _____

MC/DOT #: _____

BILL TO

Name: _____
Address: _____
City: _____
Phone: _____

SHIPMENT DETAILS

Origin: _____
Destination: _____
Driver Name: _____
Truck/Trailer #: _____

Vehicle Description (Year, Make, Model)	VIN Number	Condition	Rate

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Additional Services / Fees	Amount
Fuel Surcharge	
Expedited Delivery Fee	
Inoperable Vehicle Fee	

Subtotal:$ _____
Tax/Fees:$ _____

Total Amount:$ _____

Terms & Conditions: Payment is due within ___ days. Please make checks payable to Carrier Name. All vehicles were inspected at pickup and delivery. Claims for damages must be noted on the Bill of Lading at the time of delivery.

Customer Signature: _____ Date: _____