VINTAGE AUTO TRANSPORT

123 Logistics Way, Motor City, MI
Tel: (555) 010-8800

INVOICE

NO: _______________
DATE: ______________

SHIPPER / PICKUP

NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE:

CONSIGNEE / DELIVERY

NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE:

VEHICLE DESCRIPTION

YEAR:

MAKE:

MODEL:

COLOR:

VIN / CHASSIS NO:

CONDITION NOTES:

SHIPPING DETAILS

CARRIER:

DRIVER NAME:

TRAILER NO:

TRANSPORT FARE:
$

FUEL SURCHARGE:
$

INSURANCE/OTHER:
$

TOTAL DUE (USD) **$**

I hereby certify that the above described vehicle has been received in the condition noted. All claims for damage must be recorded on the Bill of Lading at time of delivery.

SHIPPER SIGNATURE:
CARRIER SIGNATURE: