

# WHOLESALE INVENTORY INVOICE

DEALER NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ License #: \_\_\_\_\_

INVOICE #: \_\_\_\_\_

DATE: \_\_\_\_\_

PAYMENT TERMS: \_\_\_\_\_

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## PURCHASING DEALER (BUYER)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Dealer License #: \_\_\_\_\_

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## SHIPPING / DELIVERY INFO

Method: \_\_\_\_\_

Carrier: \_\_\_\_\_

Destination: \_\_\_\_\_

Contact: \_\_\_\_\_

YEAR/MAKE/MODEL	VIN (VEHICLE IDENTIFICATION NUMBER)	MILEAGE	COLOR	UNIT PRICE
SUBTOTAL:				\$
BUY FEE / TRANSPORT:				\$

TAX (IF APPLICABLE):	\$
<b>TOTAL DUE:</b>	<b>\$</b>

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**NOTES/DISCLAIMERS:** Vehicle(s) sold for wholesale purposes only. Title(s) to be delivered upon clearance of funds. All units sold "AS-IS" unless otherwise specified in writing.

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Seller Authorized Signature

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Buyer Authorized Signature