

# INVOICE

[Company Name]  
[Street Address]  
[City, State, Zip]  
[Phone Number]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Order #:** \_\_\_\_\_

## BILL TO

[Client Name]  
[Client Address]  
[Client Contact Email]

## SHIPPING ROUTE

**Origin:** [City, State]  
**Destination:** [City, State]  
**Type:** [Open / Enclosed]

## VEHICLE DETAILS

**Year:** \_\_\_\_\_  
**Make:** \_\_\_\_\_  
**Model:** \_\_\_\_\_  
**VIN:** \_\_\_\_\_  
**Plate:** \_\_\_\_\_  
**Condition:** [Run/Non-Run]

Description of Services	Qty	Rate	Amount
Vehicle Transport Base Rate	1		
Fuel Surcharge	1		

Description of Services	Qty	Rate	Amount
Loading/Unloading Fees			
Insurance Coverage			
<b>Subtotal: \$0.00</b>			
<b>Tax: \$0.00</b>			
<b>Total Due: \$0.00</b>			

**Notes:** All vehicles are inspected at pickup and delivery. Payment is due within [X] days of delivery.

Thank you for your business!