

Company Name: _____

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

Phone: _____

E-mail: _____

VEHICLE TRADE INVOICE

Invoice # _____

Date: _____

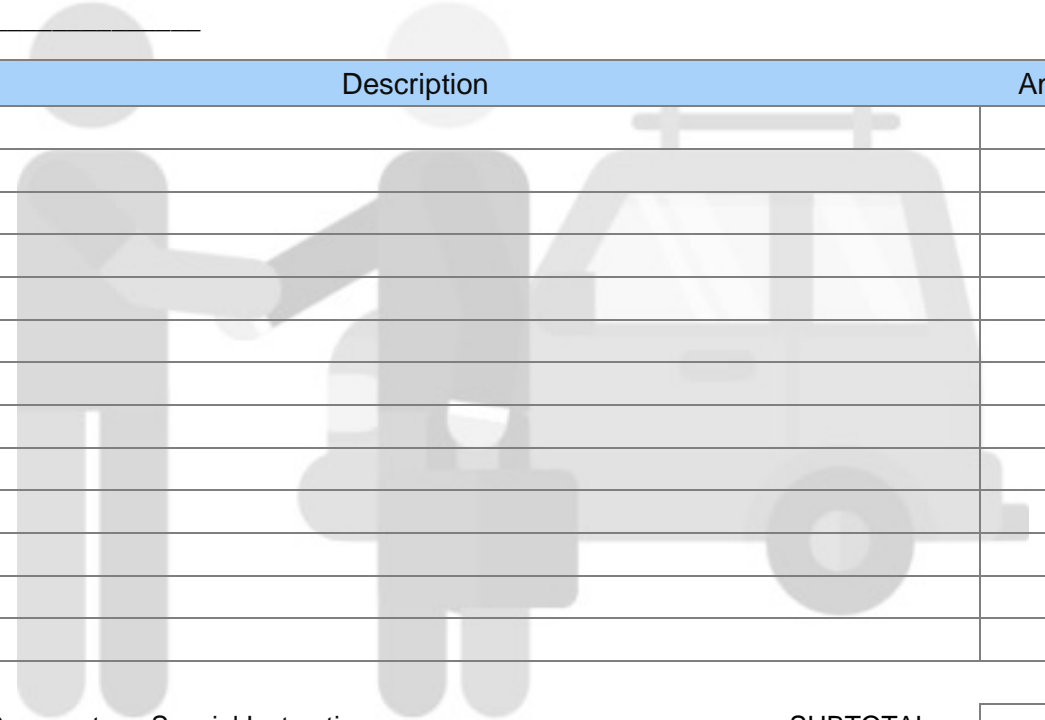
Client / Customer

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____



Description	Amount (\$)

Comments or Special Instructions:

Payment is due within ____ days.

SUBTOTAL

DISCOUNT

TAX

TOTAL

Thank you for your business!