

Auto Repair Service Invoice

Auto Shop Name: _____

Address: _____

Phone: _____

Email: _____

Invoice No: _____

Date: _____

Service Advisor: _____

Customer Name: _____

Vehicle Make/Model: _____

Year: _____

License Plate: _____

Phone: _____

Description of Service / Parts	Quantity	Unit Price	Amount
_____	____	\$ _____	\$ _____
_____	____	\$ _____	\$ _____
_____	____	\$ _____	\$ _____

Subtotal:	\$ _____
Tax:	\$ _____
Total Amount Due:	\$ _____

Payment Method: ☐ Cash ☐ Credit Card ☐ Check ☐ Other

Payment Due By: _____

Authorized By (Customer Signature): _____

Date: _____

Thank you for your business!