

Auto Repair Service Invoice

Auto Shop Name: _____ Address: _____ Phone: _____ Email: _____	Invoice No: _____ Date: _____ Service Advisor: _____
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Customer Name: _____ Vehicle Make/Model: _____ Year: _____ License Plate: _____ Phone: _____
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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!