

MECHANICAL SERVICES CO.

123 Garage Lane, Motor City, ST 12345
Phone: (555) 000-0000
Email: service@example.com

INVOICE

Date: _____
Invoice #: _____

CUSTOMER DETAILS

Name: _____
Address: _____
Phone: _____

VEHICLE INFORMATION

Year/Make/Model: _____
VIN: _____
Odometer: _____

Description of Service / Parts	Qty/Hrs	Rate	Total

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Labor Total: \$ _____

Parts Total: \$ _____

Tax: \$ _____

GRAND TOTAL: \$ _____

TERMS & CONDITIONS

I hereby authorize the above repair work to be done along with the necessary material. You and your employees may operate above vehicle for purposes of testing, inspection or delivery at my risk. All repairs are guaranteed for _____ days or _____ miles.

Customer Signature: _____ Date: _____