# SHOP NAME

123 Garage Way
City, State, Zip
Phone: (555) 000-0000

# INVOICE

Date: _____
Invoice #: _____

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**CUSTOMER INFORMATION**

Name: _____
Phone: _____
Email: _____

**VEHICLE DETAILS**

Year/Make/Model: _____
VIN: _____
Mileage: _____

**SUSPENSION & STEERING SERVICES**

| Description of Parts & Labor | Qty/Hrs | Rate | Total |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**ALIGNMENT & SAFETY NOTES**

Labor Total: $_____

Parts Total: $_____
Tax: $_____

**Grand Total: $_____**

I hereby authorize the above repair work to be done along with the necessary material.
All suspension components are torqued to manufacturer specifications.

X_____
Customer Signature