INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____

CUSTOMER INFORMATION

Name: _____
Address: _____
Phone: _____

APPLIANCE DETAILS

Brand/Model: _____
Serial #: _____
Issue: _____

Description of Service / Parts	Qty	Unit Price	Total
Service Call Fee			
Labor			
[Part Name]			

Description of Service / Parts	Qty	Unit Price	Total
[Part Name]			

Subtotal: $_____
Tax: $_____

Total Amount: $_____

TERMS & WARRANTY

Payment is due upon completion. All parts replaced carry a [90-day] warranty. Labor is warranted for [30-day] from date of service. Customer signature confirms satisfaction with repair.

Customer Signature: _____ Date: _____