REPAIR INVOICE

Company Name
Address Line 1
Phone: (555) 000-0000

Invoice #: _____
Date: _____

Customer Details:

Name: _____
Address: _____
Phone: _____

Appliance Details:

Type/Model: _____
Brand: _____
Serial #: _____

Description of Service / Parts	Qty	Rate	Amount

Subtotal: $_____

Tax: $_____

Total Due: $_____

Notes / Warranty: