INVOICE

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

EMERGENCY SERVICE

Date: _____
Invoice #: _____

BILL TO:

[Customer Name]
[Service Address]
[Phone/Email]

APPLIANCE INFO:

Type: _____
Brand: _____
Model/Serial: _____

Description of Service / Parts	Qty	Unit Price	Total
Emergency Dispatch/Diagnostic Fee	1		
Labor (Hours: _____)			

Subtotal: $_____
Tax: $_____

TOTAL DUE: $_____

Technician Notes:

Payment due upon completion. Thank you for your business!

Customer Signature: _____ Date: _____