FREEZER REPAIR INVOICE

[Company Name]

[Address / Phone]

INVOICE #
DATE

CUSTOMER INFORMATION

Name:

Address:

Phone:

APPLIANCE DETAILS

Brand/Model:

Serial Number:

Issue Reported:

Description of Service / Parts	Qty	Unit Price	Amount

Labor Subtotal: $_____
Parts Subtotal: $_____
Tax: $_____
TOTAL DUE: $_____

TECHNICIAN NOTES & WARRANTY

CUSTOMER SIGNATURE
TECHNICIAN SIGNATURE

Thank you for your business. Please make checks payable to the company name listed above.