INVOICE

Business Name: _____

License #: _____

Phone: _____

Invoice #: _____

Date: _____

CUSTOMER INFO:

Name: _____

Address: _____

City/Zip: _____

APPLIANCE INFO:

Type/Brand: _____

Model #: _____

Serial #: _____

Description of Service / Parts	Qty	Price	Total
Service Call / Diagnostic Fee	____	____	____
Labor	____	____	____
Part: _____	____	____	____

Description of Service / Parts	Qty	Price	Total
Part: _____	____	____	____
Misc: _____	____	____	____

Subtotal:$_____
Tax:$_____
Total Due:$_____

Notes / Warranty: _____

_____

Customer Signature: _____ Date: _____