APPLIANCE REPAIR

123 Service Lane
City, State, Zip
Phone: (555) 000-0000

INVOICE

Date: _____
Invoice #: _____

CUSTOMER INFORMATION

Name: _____
Address: _____
Phone: _____

APPLIANCE DETAILS

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

Description of Service / Parts	Qty/Hrs	Rate	Amount

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Labor: $ _____
Parts: $ _____
Tax: $ _____

Total Due: $ _____

Terms: Payment is due upon completion of service. All parts carry a 90-day warranty.

Customer Signature: _____ Date: _____