OVEN REPAIR SERVICE

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

INVOICE

Date: _____
Invoice #: _____

CUSTOMER INFORMATION

Name: _____
Address: _____
Phone: _____

APPLIANCE DETAILS

Brand/Model: _____
Serial No: _____
Issue: _____

Description of Service / Parts	Qty	Rate	Amount

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

Notes / Warranty: _____

Payment is due upon completion of service. Thank you for your business!