INVOICE

[Company Name]
[Address Line 1]
[Phone Number]

Invoice #: _____
Date: _____

CUSTOMER INFO:

Name: _____
Address: _____
Phone: _____

APPLIANCE INFO:

Type: _____
Brand: _____
Model/Serial: _____

Description of Service / Parts	Qty/Hrs	Rate	Amount

Service Call / Diagnostic: $ _____
Labor: $ _____
Parts Total: $ _____
Tax: $ _____

TOTAL DUE: $ _____

Technician Notes / Findings:

Terms: Payment is due upon completion of services. Work guaranteed for [ ] days.

Customer Signature: _____ Date: _____