

COLLISION CENTER

123 Auto Body Way
City, State, Zip
Phone: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____

CUSTOMER INFORMATION Name:
Address:
Phone:
Insurance Co:

VEHICLE INFORMATION Year/Make/Model:
VIN:
License Plate:
Mileage In/Out:

Description of Repairs / Parts	Labor Hrs	Parts Cost	Total

Total Labor: \$ _____
Total Parts: \$ _____
Paint / Materials: \$ _____
Tax: \$ _____
GRAND TOTAL: \$ _____

I hereby authorize the above repair work to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control.

Customer Signature