

MUFFLER & EXHAUST

123 Garage Way, Auto City, ST 12345
Phone: (555) 000-0000

INVOICE

Date: _____
Invoice #: _____

CUSTOMER INFO

Name: _____
Phone: _____
Email: _____

VEHICLE INFO

Year/Make/Model: _____
VIN: _____
Mileage: _____

Description of Parts / Service (Muffler, Piping, Catalytic, Labor)	Qty/Hrs	Price	Total
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Subtotal:\$ _____
Tax:\$ _____

Total:\$ _____

Notes / Warranty: _____

I hereby authorize the above repair work to be done along with the necessary material. You and your employees may operate above vehicle for purposes of testing, inspection or delivery.

X _____ (Customer Signature)