

INVOICE

Shop Name: _____

Phone: _____

Date: _____

Invoice #: _____

Customer Information

Name: _____

Phone: _____

Vehicle Information

Year/Make/Model: _____

VIN/License: _____

Mileage: _____

Description of Parts / Service	Qty	Unit Price	Total
Wheel Alignment (Front/Rear/4-Wheel)			
Suspension Component: _____			
Suspension Component: _____			
Labor - Installation/Repair			

Description of Parts / Service	Qty	Unit Price	Total

Alignment Specifications (Final Readings)

Front Left

Camber: _____

Caster: _____

Toe: _____

Front Right

Camber: _____

Caster: _____

Toe: _____

Rear Left

Camber: _____

Toe: _____

Rear Right

Camber: _____

Toe: _____

Subtotal: \$ _____

Tax: \$ _____

Total Amount Due: \$ _____

Terms: All parts and labor are guaranteed for _____ days/miles. I hereby authorize the repair work described above.

Signature: _____ Date: _____