

# TIRE SHOP NAME

123 Street Address, City, State  
Phone: (555) 000-0000

## INVOICE

Date: \_\_\_\_\_  
Invoice #: \_\_\_\_\_

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### CUSTOMER INFO:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### VEHICLE INFO:

Year/Make/Model: \_\_\_\_\_  
VIN/Plate: \_\_\_\_\_  
Mileage: \_\_\_\_\_

Description (Tires/Parts/Labor)	Qty	Unit Price	Total

Notes / Tire DOT Codes:

Subtotal:\$ \_\_\_\_\_

Tax:\$ \_\_\_\_\_

Shop Supplies:\$ \_\_\_\_\_

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**TOTAL:\$** \_\_\_\_\_

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I hereby authorize the above repair work to be done along with the necessary material. Wheels must be re-torqued after 50 miles of driving.

Customer Signature: \_\_\_\_\_