

TRUCK REPAIR SHOP

123 Mechanics Way
Service City, ST 12345
Phone: (555) 012-3456

INVOICE

Date: _____
Invoice #: _____

CUSTOMER INFO:

Name: _____
Address: _____
Phone: _____

VEHICLE INFO:

VIN: _____
Unit #: _____
Mileage: _____

Description of Service / Parts	Qty/Hrs	Rate	Amount

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Labor Total: \$ _____

Parts Total: \$ _____

Tax: \$ _____

TOTAL: \$ _____

Terms & Conditions:

All repairs are guaranteed for 30 days. Parts are subject to manufacturer warranty. Vehicle released only upon full payment.

Customer Signature: _____ Date: _____