

BRAKE SERVICE INVOICE

Shop Name: _____

Address: _____

Phone: _____

Date: _____

Invoice #: _____

CUSTOMER INFO

Name: _____

Phone: _____

VEHICLE INFO

Year/Make/Model: _____

VIN/Plate: _____

Mileage: _____

Service / Parts Description	Qty/Hrs	Rate	Total
Brake Pad Replacement (Front/Rear)			
Rotor Resurfacing / Replacement			
Brake Fluid Flush & Bleed			

Service / Parts Description	Qty/Hrs	Rate	Total
Caliper Service / Replacement			

Subtotal: \$ _____

Tax: \$ _____

GRAND TOTAL: \$ _____

Notes / Recommendations:

I hereby authorize the above repair work to be done along with the necessary material. Signature:
