

EMERGENCY REPAIR

Plumbing License #: _____

Invoice #: _____

Date: _____

Service Provider:

Company Name: _____

Phone: _____

Address: _____

Bill To:

Customer Name: _____

Service Address: _____

Phone: _____

Description of Service / Parts	Qty	Unit Price	Total
Emergency Call-Out Fee / Dispatch			
Labor Hours (Rate: _____)			

Subtotal: \$ _____

Tax: \$ _____

TOTAL: \$ _____

Notes / Warranty: _____

Payment Terms: Due upon completion.

Customer Signature: _____ Date: _____