

AUTO BODY SHOP NAME

Address _____

Phone / Email _____

INVOICE

No: _____
Date: _____

CUSTOMER INFORMATION

Name: _____

Address: _____

Phone: _____

VEHICLE INFORMATION

Year/Make/Model: _____

VIN: _____

Mileage: _____

PARTS & MATERIALS

Qty	Description / Part Number	Unit Price	Total

LABOR & SERVICES

Hours	Description of Service	Rate	Total

Hours	Description of Service	Rate	Total

Parts Total: \$

Labor Total: \$

Tax: \$

Grand Total: \$

Disclaimer: All repairs are guaranteed for ____ days/miles. I hereby authorize the repair work described above and acknowledge the shop is not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond control.

X _____
Customer Signature