

BRAKE SERVICE INVOICE

Shop Name: _____

Phone: _____

Date: _____

Invoice #: _____

CUSTOMER INFO:

Name: _____

Address: _____

Phone: _____

VEHICLE INFO:

Year/Make/Model: _____

VIN: _____

Mileage: _____

Labor Description (Front/Rear Brakes, Rotors, Bleeding)	Hours	Rate	Total
Parts (Pads, Rotors, Sensors, Fluid)	Qty	Price	Total

Parts (Pads, Rotors, Sensors, Fluid)	Qty	Price	Total

Labor Total: \$ _____

Parts Total: \$ _____

Tax: \$ _____

GRAND TOTAL: \$ _____

Notes/Warranty: _____

Customer Signature: _____ Date: _____