

COLLISION REPAIR INVOICE

[Shop Name]
[Address & Phone]

Invoice #

Date

Customer Information
Insurance Provider / Claim Info

Year
Make/Model
VIN
Mileage

Description of Labor & Body Work	Hours	Rate	Total
Parts Description / Numbers	Qty	Price	Total

Labor Subtotal:

Parts Subtotal:

Paint & Materials:

Tax:

TOTAL DUE:

Authorization & Signature

I hereby authorize the above repair work to be executed along with the necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection or delivery.

Customer Signature

Date