

# INVOICE

Suspension Specialists Co.  
123 Garage Way, Auto City  
Phone: (555) 010-9988

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

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## CUSTOMER INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

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## VEHICLE INFORMATION

Year/Make/Model: \_\_\_\_\_  
VIN: \_\_\_\_\_  
Mileage: \_\_\_\_\_

Labor Description (Struts, Control Arms, Alignment, etc.)	Hours	Rate	Total
Parts / Hardware	Qty	Unit Price	Total

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**NOTES & RECOMMENDATIONS**

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Labor Subtotal: \$ \_\_\_\_\_

Parts Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**Total Amount Due: \$ \_\_\_\_\_**

I hereby authorize the above repair work to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_