

INVOICE

Business Name

123 Service Road

City, State, Zip

Phone: (555) 000-0000

Date: _____**Invoice #:** _____**CUSTOMER INFORMATION**

Name: _____

Phone: _____

Email: _____

VEHICLE INFORMATION

Year/Make/Model: _____

VIN: _____

Mileage: _____

Description (Tires/Parts/Service)	Qty/Hrs	Unit Price	Total
4-Wheel Alignment Service			
Tire Installation & Balancing			
Disposal Fees / Shop Supplies			

ALIGNMENT SPECS / NOTES

Camber: _____

Caster: _____

Toe: _____

Subtotal: \$ _____

Tax: \$ _____

Total Amount: \$ _____

I hereby authorize the above repair work to be done along with the necessary material. I 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.

X _____ (Customer Signature)