PROFORMA INVOICE

[Company Name]
[Address Line 1]
[Phone Number]
[Email/Website]

Invoice #: [00000]
Date: [Date]
Valid Until: [Date]

CUSTOMER INFORMATION

[Customer Name]
[Service Address]
[City, State, Zip]
[Phone Number]

APPLIANCE DETAILS

Type: [e.g. Refrigerator]
Brand/Model: [Model Number]
Problem: [Brief Description]

Description of Service / Parts	Qty/Hrs	Rate	Amount
Service Call / Diagnostic Fee			
[Part Name/Number]			
Labor Charges			

Subtotal: $0.00

Tax: $0.00
Total: $0.00

NOTES & TERMS

This is a preliminary estimate for repair services. Final price may vary based on actual parts required and labor hours. Please sign and return to authorize service.

Authorization Signature: _____