INVOICE

Shop Name: _____

Address: _____

Date: ___/___/20___

Invoice #: _____

Customer Info:

Name: _____

Phone: _____

Bicycle Details:

Make/Model: _____

Frame Serial: _____

Component / Service Description	Qty	Unit Price	Total
_____	____	$_____	$_____
_____	____	$_____	$_____
_____	____	$_____	$_____
Labor / Installation Fee	-	-	$_____

Subtotal: $_____

Tax: $_____

Grand Total: $_____

Notes: _____

Thank you for your business. Please inspect all components before riding.