BICYCLE BRAKE SERVICE INVOICE

Shop Name: _____
Phone: _____

Invoice #: _____
Date: _____

CUSTOMER INFORMATION

Name: _____
Phone: _____
Email: _____

BICYCLE DETAILS

Make/Model: _____
Brake System: ( ) Shimano ( ) SRAM ( ) Magura ( ) Other
Fluid Type: ( ) Mineral Oil ( ) DOT 4/5.1

Service / Parts Description	Qty	Unit Price	Total
Hydraulic Bleed - Front Brake			
Hydraulic Bleed - Rear Brake			
Brake Pad Replacement (Set: _____)			
Rotor Replacement / Resurfacing			
Hydraulic Fluid / Consumables			
Misc:			

Subtotal: $_____
Tax: $_____
Total Due: $_____

TECHNICIAN NOTES & SAFETY CHECK

Pads Bedded: [ ] Yes [ ] No Lever Feel: [ ] Firm [ ] Soft Leaks Detected: [ ] Yes [ ] No

Customer Signature: _______________________________________ Date: ______________