AUTO A/C INVOICE

Business Name: _____
Address: _____
Phone: _____

Invoice #: _____
Date: _____

Customer Information:
Name: _____
Address: _____
Phone: _____
Vehicle Information:
Year/Make/Model: _____
VIN: _____
Mileage: _____

Description of Service / Parts	Qty/Hrs	Rate	Total
Evacuate & Recharge System (Refrigerant Type: _____)			
Leak Detection Test			
Compressor Replacement			
Cabin Air Filter			

Description of Service / Parts	Qty/Hrs	Rate	Total

Subtotal: $_____
Tax: $_____

Total: $_____

Notes / Warranty: _____

Thank you for your business!