INVOICE

Shop Name: _____

Address: _____

Phone: _____

Date: _____

Invoice #: _____

CUSTOMER INFORMATION

Name: _____

Phone: _____

Email: _____

VEHICLE DETAILS

Year/Make/Model: _____

VIN: _____

Mileage: _____

PARTS & SUSPENSION COMPONENTS

Description (Shocks, Struts, Control Arms, etc.)	Qty	Unit Price	Total

Description (Shocks, Struts, Control Arms, etc.)	Qty	Unit Price	Total

LABOR & ALIGNMENT SERVICES

Service Description	Hours	Rate	Total

Parts Subtotal: $ _____
Labor Subtotal: $ _____
Tax: $ _____
Grand Total: $ _____

Notes / Warranty: _____

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

Signature: _____ Date: _____