INVOICE

Provider Name: _____
Phone: _____
Address: _____

Date: _____

Invoice #: _____

Customer Information:
Name: _____
Phone: _____
Location of Service: _____
Vehicle Information:
Make/Model: _____
License Plate: _____
VIN: _____

Description of Service / Parts	Qty/Hrs	Rate	Amount
Service Call / Dispatch Fee			
Labor: _____			
Parts: _____			
Towing / Fuel Surcharge			

Description of Service / Parts	Qty/Hrs	Rate	Amount

Subtotal: $_____

Tax: $_____

TOTAL DUE: $_____

Notes / Warranty: _____

Payment Method: [ ] Cash [ ] Credit Card [ ] Check #_____

Customer Signature: _____ Technician Signature: _____