INVOICE

Service Center Name
Street Address, City
Phone: (555) 000-0000

Invoice #: _____
Date: _____

CUSTOMER INFO:

Name: _____
Address: _____
Phone: _____

VEHICLE INFO:

Year/Make/Model: _____
VIN: _____
Odometer: _____

Service / Item Description	Qty/Hrs	Rate	Amount
Oil & Filter Change (Synthetic)			
Tire Rotation & Brake Inspection			
Fluid Top-off & Multi-point Check			

Subtotal: $_____
Tax: $_____

Total: $_____

Notes: Next service recommended at _____ miles or _____ (date).

Thank you for your business!