COLLISION REPAIR INVOICE

[Body Shop Name]
[Address / Phone]

Invoice #: _____
Date: _____

CUSTOMER INFORMATION

Name:
Phone:
Insurance Co:
Claim #:

VEHICLE DESCRIPTION

Year/Make/Model:
VIN:
License Plate:
Mileage In/Out:

Description of Parts & Labor	Type	Hours	Rate	Amount

Labor Total: $

Parts Total: $

Paint & Materials: $

Hazardous Waste: $

Tax: $

Grand Total: $

Less Deductible: ($)

Balance Due: $

Authorization: I hereby authorize the above repair work to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control.

Customer Signature

Date

All parts are new OEM unless otherwise specified as Aftermarket (AM), Reconditioned (REC), or Used (LKQ).