INVOICE

TOWING COMPANY NAME
ADDRESS / PHONE

INVOICE #
DATE

CUSTOMER INFORMATION
Name:

Phone:

Address:

VEHICLE INFORMATION
Year/Make/Model:

VIN:

License Plate:

PICKUP LOCATION
DROP-OFF DESTINATION

Service Description	Rate	Total
Hook-up / Base Fee		
Mileage (____ miles @ $____/mi)		
Winched / Recovery Fee		
Roadside Labor (Tire, Jump, Lockout)		
After-Hours / Storage Fees		

Subtotal: $_____

Tax: $_____

Grand Total: $_____

NOTES / DISCLAIMERS

Received by: _____ Date: _____