INVOICE

INVOICE #: _____

DATE: _____

[Business Name]
[Street Address]
[City, State, Zip]
[Phone Number]

CUSTOMER INFORMATION
Name: _____
Phone: _____
Email: _____

VEHICLE INFORMATION
Year/Make/Model: _____
VIN: _____
Mileage: _____

Service Description	Qty/Hrs	Rate	Amount
Tire Rotation (4-Wheel)			
Wheel Alignment Service			
Tire Balancing			
Shop Supplies / Disposal Fees			

Subtotal: $_____
Tax: $_____
Total Amount Due: $_____

NOTES / FINDINGS

Thank you for your business!