

AUTO ELECTRICAL REPAIR

Street Address, City, State, ZIP

Phone: (555) 000-0000

Email: service@example.com

INVOICE

Date: _____

Invoice #: _____

CUSTOMER INFO:

Name: _____

Phone: _____

Email: _____

VEHICLE INFO:

Year/Make/Model: _____

VIN: _____

Mileage: _____

Description of Electrical Services & Parts	Qty/Hrs	Rate	Amount
--	---------	------	--------

Description of Electrical Services & Parts

Qty/Hrs

Rate

Amount

Labor Total: \$ _____

Parts Total: \$ _____

Tax: \$ _____

Total Due: \$ _____

Notes / Warranty:

I hereby authorize the above repair work to be done along with the necessary material.

Customer Signature: _____ Date: _____