

COMMERCIAL TRUCK REPAIR

[Shop Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
P.O. #: _____

Customer Information:

[Company Name]
[Contact Name]
[Billing Address]
[Phone Number]

VIN: _____ Unit #: _____ Make/Model: _____
Mileage: _____

Description of Service / Parts	Qty/Hrs	Rate	Amount

Labor \$ _____
Subtotal:

Parts \$ _____
Subtotal:

Tax: \$ _____

TOTAL: \$_____

Notes / Warranty:

Customer Signature: _____ Date: _____