

INVOICE

Service Center Name
Address Line 1
Phone: (555) 000-0000

Date: _____
Invoice #: _____
Advisor: _____

CUSTOMER INFORMATION

Name: _____
Phone: _____
Email: _____

VEHICLE INFORMATION

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

MULTI-POINT INSPECTION REPORT

Inspection Item	Pass / Fail / OK	Notes / Requirements
Engine Oil & Filter Condition	[][][]	
Brake Fluid & Power Steering Fluid	[][][]	
Battery Terminals & Cables	[][][]	
Cooling System & Hoses	[][][]	
Tire Tread Depth & Pressure	[][][]	
Brake Pads / Rotors Wear	[][][]	
Suspension & Drive Axle	[][][]	
Exhaust System	[][][]	
Exterior Lights & Wiper Blades	[][][]	

SERVICE & PARTS SUMMARY

Description of Service / Part Number	Qty	Unit Price	Total

Labor Total: \$ _____

Parts Total: \$ _____

Tax: \$ _____

Grand Total: \$ _____

Authorization: I hereby authorize the repair work described above to be done along with the necessary material. Service Center is not responsible for loss or damage to vehicle in case of fire, theft, or any other cause beyond control.

X _____ (Customer Signature)