INVOICE

BRAKE SERVICE WORKSHOP

123 Garage Lane, City, State, Zip
Phone: (555) 000-0000
Email: service@brakes.com

Invoice #: _____

Date: _____

CUSTOMER INFO

Name: _____

Address: _____

Phone: _____

VEHICLE INFO

Make/Model: _____

Year/VIN: _____

Mileage: _____

Description of Service / Parts	Qty	Unit Price	Total
Brake Pad Replacement (Front/Rear)			
Rotor Resurfacing / Replacement			

Description of Service / Parts	Qty	Unit Price	Total
Brake Fluid Flush & Refill			
Caliper Service / Inspection			
Labor Charge			

Subtotal:$_____
Tax:$_____

GRAND TOTAL:$_____

Notes / Warranty:

_____

All brake services come with a ____ month / ____ mile warranty on parts and labor.

Customer Signature: _____ Date: _____