COLLISION REPAIR CENTER

[Business Address]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: _____
Date: _____

CUSTOMER INFO

Name: _____
Phone: _____
Address: _____

VEHICLE INFO

Year/Make/Model: _____
VIN: _____
License Plate: _____

Insurance Provider: _____ Claim #: _____

Description of Repairs / Parts	Quantity	Labor Hours	Rate	Total

Description of Repairs / Parts	Quantity	Labor Hours	Rate	Total

Subtotal (Parts): $_____
Subtotal (Labor): $_____
Sales Tax: $_____

TOTAL DUE: $_____

Notes / Warranty:

_____
Customer Signature

_____
Authorized Technician

All repairs are guaranteed for [X] months/miles. Thank you for your business.