EURO-SPEC AUTOMOTIVE

INVOICE
NO: [_____]
DATE: [_____]

CUSTOMER INFORMATION

[Name]
[Address]
[Phone]
[Email]

VEHICLE INFORMATION

VIN: [_____]
MAKE/MODEL: [_____]
YEAR/KM: [_____]
PLATE: [_____]

SERVICE / PARTS DESCRIPTION	QTY/HRS	RATE	AMOUNT
[Line Item Description]	[___]	[___]	[_____]
[Line Item Description]	[___]	[___]	[_____]
[Line Item Description]	[___]	[___]	[_____]
[Line Item Description]	[___]	[___]	[_____]

Subtotal: [_____]
VAT / Tax ([__]%): [_____]
TOTAL: [_____]

Notes: All replacement parts used are OEM or equivalent quality. 12-month warranty on labor and parts unless specified otherwise.

Company Registration: [_____] | VAT ID: [_____]