PAINT & BODY INVOICE

Shop Name
Address Line 1
Phone: (000) 000-0000

Invoice #: _____
Date: _____

CUSTOMER INFO:

Name: _____
Phone: _____
Email: _____

VEHICLE INFO:

Year/Make/Model: _____
VIN: _____
Color Code: _____

Description of Work / Parts	Labor	Materials	Total

Labor Subtotal: $_____
Parts/Materials: $_____
Tax: $_____

GRAND TOTAL: $_____

Terms & Conditions: All work carries a [X] month warranty on paint adhesion. Not responsible for loss or damage to vehicles or articles left in vehicles in case of fire, theft, or any other cause beyond our control.

Customer Signature: _____ Date: _____