

# MASTER APPLIANCE REPAIR

123 Service Lane, City, State, Zip  
Phone: (555) 000-0000  
Email: repair@example.com

## INVOICE

No: \_\_\_\_\_  
Date: \_\_\_\_\_

---

### CUSTOMER INFORMATION:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

### APPLIANCE DETAILS:

Type/Brand: \_\_\_\_\_  
Model No: \_\_\_\_\_  
Serial No: \_\_\_\_\_

### DIAGNOSIS / WORK PERFORMED:

Description (Parts & Labor)	Qty	Unit Price	Total

Description (Parts & Labor)	Qty	Unit Price	Total

Service Call Fee: \$ \_\_\_\_\_

Labor: \$ \_\_\_\_\_

Parts: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

---

**TOTAL: \$** \_\_\_\_\_

---

**Warranty:** 90 days parts and labor unless otherwise specified.

Customer Signature: \_\_\_\_\_ Technician: \_\_\_\_\_