

[COMPANY NAME]

[Address Line 1]
[Phone Number]
[Email Address]

INVOICE

[0000]
Date: [Date]

BILL TO:

[Customer Name]
[Service Address]
[Phone Number]

SERVICE DATE:

[Date of Service]

APPLIANCE DETAILS

Type: [e.g. Refrigerator] **Brand/Model:** [Brand/Model #] **Serial:** [Serial #]

Description of Service/Parts	Qty	Price	Total
Service Call Fee / Diagnostic	1	\$0.00	\$0.00
[Labor Description]	1	\$0.00	\$0.00
[Part Name/Number]	[0]	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00

Total Due: \$0.00

TECHNICIAN NOTES:

[Note regarding repair, warranty, or recommendations]

Terms: Payment is due upon completion of service. All parts installed carry a [0] day warranty. Labor is warranted for [0] days from date of service.