

# REFRIGERATOR REPAIR INVOICE

Company Name:

Phone:

License #:

Invoice #:

Date:

## CUSTOMER INFORMATION

Name:

Address:

City/Zip:

Phone:

## APPLIANCE DETAILS

Brand/Model:

Serial Number:

Type:  Side-by-Side  Bottom Freezer  Other

## DESCRIPTION OF SERVICE / DIAGNOSIS

Description of Parts / Labor	Qty	Unit Price	Total
Service Call / Diagnostic Fee			
Labor			

Subtotal: \$ \_\_\_\_\_

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

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

**WARRANTY TERMS:**

Parts: \_\_\_\_\_ Days | Labor: \_\_\_\_\_ Days

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Technician Signature

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Customer Signature

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Thank you for your business. Payment is due upon completion of service.