

SERVICE INVOICE

Electronic Keypad Repair Specialists

Invoice #: _____

Date: ____ / ____ / ____

CLIENT INFORMATION:

Name: _____

Address: _____

Phone: _____

DEVICE DETAILS:

Make/Model: _____

Serial No: _____

Problem: _____

Description of Service / Parts	Qty	Unit Price	Total

Subtotal: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

Notes: All repairs include a 90-day warranty on parts and labor unless otherwise specified.

Signature: _____ Date: ____/____/____