ECM SERVICE INVOICE

[Business Name]
[Address Line 1]
[Phone / Email]

Invoice #: _____
Date: _____

CUSTOMER DETAILS

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

PAYMENT STATUS

Method: _____
Due Date: _____

VEHICLE & MODULE INFORMATION

Year/Make/Model:
_____
VIN:
_____
Mileage:
_____
ECM Part Number:
_____
Hardware ID:
_____
Software Version:
_____

Description of Service / Component	Qty	Unit Price	Total
ECM Diagnostic / Bench Testing			
Module Refurbishment / Component Repair			

Description of Service / Component	Qty	Unit Price	Total
Software Flash / VIN Programming			
Replacement Hardware			

Subtotal: $_____

Tax: $_____

Total Amount: $_____

Warranty Note: All ECM repairs carry a [Number] month warranty from date of service. Warranty is void if module housing is opened or shows signs of water damage/external short circuit.

Thank you for your business.