INVOICE

SHOP NAME

Your Auto Repair Shop

123 Service Lane, City, ST 00000

(555) 000-0000 · shop@email.com

INVOICE #	DATE	DUE DATE	RO #

BILL TO

Customer name

Street address, City, ST ZIP

Phone | Email

VEHICLE

Year | Make | Model

VIN

License plate | Mileage

SERVICE WRITER | TECHNICIAN | PAYMENT TERMS

DESCRIPTION	TYPE	QTY / HRS	RATE	AMOUNT

NOTES / RECOMMENDATIONS

Subtotal	$
Shop Supplies	$
Tax Rate %	
Tax	$
TOTAL DUE	$

CUSTOMER SIGNATURE

DATE

Thank you for your business. Please make payment by the due date shown above.