**AUTO REPAIR INVOICE**

|  |  |  |
| --- | --- | --- |
| Bill From**[Company Name]****[Street Address]** **[City, State,Zip Code]****[Website]****[Phone]** | Customer Information**[Name]****[License]** **[Street Address]****[City, State,Zip Code]****[Phone]** | Invoice No.: #00000001Invoice Date: **[Date]**Due Date: **[Date]** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services Rendered** | **Price** | **Parts** | **Qty** | **Total** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  | Subtotal |  |
| Total tax  | - |
| **Total** |  |

**Please Choose a Payment Type**

Credit Card

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Cardholder Name **[Name]**

Account/CC Number **[Account no]**

Name(s) of Service Person(s): **[Name]**