|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ServiceInstall | [text here]Deliver | WarrantyParts Labor | Data purchased | Data Ordered |
| Name | Name of Application |
| Address | Make |
| City | State | Zip | Price | Model |
| Bill to(unless as above) | Serial |
| Address | (Text Here) |
| Nature of service requested by customer | Contact # |
| Service TechRecommendation | Authorization # |
| Qty | Part# | Description | Cost | Amount |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Technical Service Performed at above shop if other than above give address |  | Parts $ |  |  |
| Service Performed | Tax $ |  |  |
|  | Labor $ |  |  |
|  | Service $ |  |  |
|  | Removal &Re-Installation |  |  |
| Time Started AMPM | Time FinishedAMPM | Hours | Rate Per Hour | Date Completed | Total $ |  |  |
| [text here] |  | Customers OK | Deposit $ |  |  |
|  | Time & Date Called | By Whom |
| Received by technician | NOTE: if equipment is returned at customers request before authorized service is performed(text here) |
| Invoice written by | $ Will be mode.  |
|  | Repairs satisfactory completed & old parts returned Customer Signature  |
| Return of exempt appliance parts waivedCustomer signature |

**CELL PHONE REPAIR INVOICE**

*Business Name*

1234 Business Address
Atlanta, Ga 12345
Ph: 123-098-1234
Fax: 123-098-3473