|  |  |
| --- | --- |
| **BUSINESS NAME** **STREET, ADDRESS, CITY, ST ZIP** | **INVOICE** **PHONE****FAX** |
| **INVOICE # 00-0000** | **DATE: DD/MM/YYYY** |

|  |  |  |  |
| --- | --- | --- | --- |
| **CUSTOMER** **INFO** | NAMESTREET ADDRESSCITY, ST ZIPPHONE | **VEHICLE** **INFO**  | YEAR:MAKE:MODEL:COLOR:MILEAGE: |

|  |  |  |
| --- | --- | --- |
| **SERVICE & PERFORMED** | **AMOUNT** | **A picture containing clipart  Description generated with high confidence** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **SUBTOTAL** | $ |
| **TAX RATE** |  |
| **PART NAME** | **PART #** | **QTY** | **UNIT PRICE** | **AMOUNT** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| ***OTHER COMMENTS:***1. TOTAL PAYMENT DUE IN 30 DAYS
2. PLEASE INCLUDE THE INVOICE NUMBER ON YOUR CHECK
3. PLEASE MAIL YOUR CHECK TO THE ADDRESS LISTED ABOVE
 | **SUBTOTAL** | $ |
| TAX RATE |  |
| TOTAL SERVICES | $ |
| TOTAL PART | $ |
| TOTAL TAX | $ |
| **TOTAL** | $ |

**THANK YOU FOR YOUR BUSINESS!**