INVOICE

Auto Repair Invoice

YOUR BUSINESS NAME

Street address

City, State ZIP

Phone

Email

Website / license #

Invoice #

Invoice date

Due date

Payment terms

BILL TO

Customer name

Billing address

City, State ZIP

Phone

Email

Customer / account #

JOB DETAILS

Vehicle year / make / model	VIN	License plate	Repair order #
Odometer in	Odometer out	Date in	Date out

PARTS

Part #	Description	Qty	Unit price	Amount

LABOR

Operation	Hours	Rate	Amount
Diagnosis			

PAYMENT METHODS ACCEPTED

- ☐ Cash
- ☐ Check
- ☐ Card
- ☐ Bank transfer (ACH)
- ☐ Zelle
- ☐ Venmo
- ☐ Other

Pay to / payment details

TERMS & NOTES

Due when the vehicle is picked up. Parts and labor warranty as stated on the repair order.

Subtotal	
Shop supplies	
Hazardous waste disposal	
Discount	
Tax rate (%)	
Tax	
Total	
Paid / deposit	
Balance due	

CUSTOMER CONCERN / CAUSE / CORRECTION

I authorized the repairs listed above

Date

Thank you for your business.

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