

# Auto Repair Service Name

# INVOICE

address  
 city, state ZIP  
[phone, fax, web address etc.](#)



DATE IN:  
 TIME IN:  
 INVOICE #:

BILL TO		INSURANCE INFORMATION:	
Name	_____	Company	_____
Address	_____	Claim #	_____
City, ST ZIP	_____		
Cell Phone	_____		
Phone	_____		

R.O. #	YEAR	MAKE	MODEL	COLOR

# / Taxable	Description	Quantity	Unit Price	Line Total
<input type="checkbox"/>				
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SUBTOTAL	-
TAX 5.00%	-
SUBLET	-
<b>TOTAL</b>	-
PAID	-
<b>TOTAL DUE</b>	-

**CUSTOMER OWES:**

*THANK YOU FOR YOUR BUSINESS!*