AUTO REPAIR INVOICE

Bill From
Name: _____
Company Name: _____
Street Address: _____
City, ST ZIP Code: _____
Phone: _____

Bill To
Name: _____
Company Name: _____
Street Address: _____
City, ST ZIP Code: _____
Phone: _____

Invoice No. _____

Invoice Date: _____

Due Date: _____

Description	Quantity / Hours	Price ($)	Total ($)
		Subtotal	
		Sales Tax	
		Other	
		Total	

Terms and Conditions

Thank you for your business. Please send payment within _____ days of receiving this invoice. There will be a _____% per _____ on late invoices.