INVOICE

DOC-INV-01

Shop name: _____ Phone: _____ Email: _____

Invoice #: _____ Due date: _____

Date: _____ Payment terms: _____

BILL TO

Customer name: _____

Phone / email: _____

Vehicle (year / make / model): _____

VIN / plate: _____

SERVICES

Description	Qty	Rate	Amount

Subtotal: _____

Tax: _____

Deposit received: _____

TOTAL DUE: _____

NOTES & WARRANTY