APPLIANCE REPAIR INVOICE

From

Name: _____

E-Mail: _____

Phone: _____

Street Address: _____

City, State, Zip: _____

Bill To

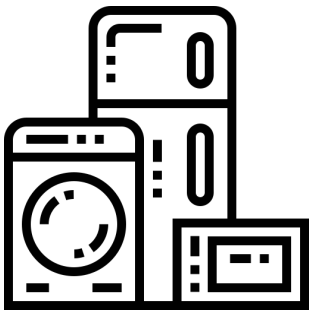
Name: _____

E-Mail: _____

Phone: _____

Street Address: _____

City, State, Zip: _____



Details

Date: _____

Invoice #: _____

Payment Due: _____

Labor	Hours	Rate	Amount
		Total:	

Parts / Materials	Part #	Quantity	Price	Amount
			Total:	

Notes

Accepted Payment Methods:

☐ Cash ☐ Check ☐ Credit Card ☐ ACH ☐ PayPal

☐ Other: _____

Payment Instructions:

Subtotal: _____

Discount: _____

Shipping _____

Tax: _____

Amount Paid: _____

Total Due: _____