Shop name, address and phone

INVOICE

Number _____

Date _____

Due date _____

BILL TO

Name _____

Phone _____

Email _____

Address _____

Insurance co. _____

Claim no. _____

VEHICLE

Year _____

Make and model _____

VIN _____

License plate _____

Color _____

Mileage _____

TYPE	DESCRIPTION	PARTS	LABOR	R&I	REFINISH	SUBLET	AMOUNT

PAYMENT DETAILS

Payment is due by the due date above.

Please include the invoice number with your payment.

Bank:

Account name:

Account number:

Routing number:

Subtotal _____

Discount _____

Taxable amount _____

Sales tax (_____%) _____

Total due _____

Less deductible (paid by customer) _____

Balance due from insurance company _____