

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

# APPLIANCE REPAIR INVOICE

Invoice # \_\_\_\_\_

Date: \_\_\_\_\_

## Client / Customer

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

## PRODUCTS (MATERIALS)

Description	Quantity	\$ / Unit	Amount
PRODUCTS			

## LABOR

Description	Hours	\$ / Hour	Amount
LABOR			

Comments or Special Instructions:  
\_\_\_\_\_

Payment is due within \_\_\_\_ days.

SUBTOTAL	
DISCOUNT	
TAX	
<b>TOTAL</b>	

Thank you for your business!