|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **QUATTRO SERVICE**  **STATION LTD**  95 MELBOURNE ROAD  LEICESTER LE2 0GW  Telephone: 0116 212 2139  **VAT Reg No. 907 3677 06** **INVOICE** | | | | | **CUSTOMER** **NO** | | | |
|  | | | |
|  | | | |
| PHONE When Ready  YES/NO | | Invoice Date  / / | |
| MAKE/MODEL | | REG. No | |  | CHASSIS No | Received am  pm | CASH  CREDIT | |
| SPEEDO | | FUEL  E ¼ ½ ¾ F | |  | ENGINE No | Promised am  pm | WARRANTY  INTERNAL | |
| No | REPAIR OPERATIONS | | | | | |  | |
| 1 |  | | | | | |  |  |
| 2 |  | | | | | |  |  |
| 3 |  | | | | | |  |  |
| 4 |  | | | | | |  |  |
| 5 |  | | | | | |  |  |
| 6 |  | | | | | |  |  |
| 7 |  | | | | | |  |  |
| 8 |  | | | | | |  |  |
| 9 |  | | | | | |  |  |
| 10 |  | | | | | |  |  |
| Customers Description of Fault: | | | | | | LABOUR |  |  |
|  |  |  |
| PARTS |  |  |
| Testers Recommendations:  Next Service Due: | | | I have read and accept your terms of business. I agree to pay for all work and material prior to collection of the vehicle unless satisfactory credit arrangements have been established. | | | OIL |  |  |
|  |  |  |
| SUB TOTAL |  |  |
| VAT % |  |  |
| MOT TEST |  |  |
| **TOTAL**  **DUE £** |  |  |
| Customer’s Signature | | |