

AUTO REPAIR INVOICE

dompany Name: Compa treet Address: Street A ity, ST ZIP Code: City, ST		Name:dress:	Invoice No Invoice Date: Due Date:	
Description		Quantity / Hours	Price (\$)	Total (\$)
			Subtotal	
			Sales Tax	
			Other	
			Total	
	<u>Ter</u>	ms and Conditions		

Thank you for your business. Please send payment within _____ days of receiving this invoice. There will be a _____% per _____ on late invoices.

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Please Choose a Payment Type

Credit Card	
□ Visa □ MasterCard □ Discov	er American Express
Cardholder Name Account/CC Number Expiration Date/ CVV Zip Code	
this authorization form according to the authorization is for the goods/services only, and is valid for one (1) time use or	described above, for the amount indicated above nly. I certify that I am an authorized user of this e payment with my credit card company; so long
SIGNATURE(cardholder name)	DATE
BANK	
Bank Wire	
Name on Bank Account: Street Address: Bank Name: Account Number: Routing Number: Account Type:	
P PayPal	
Email:	_

