

AUTO BODY REPAIR INVOICE

Shop Name: _____

Invoice No.: ABR-0001

Address: _____

Date: ____/____/____

Phone: _____

Custect

Customer Name: _____

Vehicle Owner: _____

Contact: _____



Contac

Make/Model: _____

Year: _____

VIN: _____

License Plate: _____

Description		Parts		Labor		Total	
☐	Body Panel Repair						
☐	Paint Work						
☐	Dent Removal						
☐	Clear Coat Finish						

Total Parts: \$ _____

Total Labor: \$ _____

\$ _____

Grand Total: \$ _____

Payment Method: ☐ Cash ☐ Card ☐ Insurance

Technician Signature: _____

Authorized By: _____