APPLIANCE REPAIR INVOICE

REPAIR COMPANY

Business name _____

Address _____

Phone / email _____

License no. _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Service ticket no. _____

BILL TO (CUSTOMER)

Customer name _____ Phone / email _____

Service address _____

APPLIANCE

Appliance _____ Make _____

Model no. _____ Serial no. _____

Reported problem _____

Service date _____

TRIP AND DIAGNOSTIC

Item	Details	Qty	Unit	Rate	Amount

Trip and diagnostic subtotal

PARTS

Item	Details	Qty	Unit	Rate	Amount

Parts subtotal

LABOR

Item	Details	Qty	Unit	Rate	Amount

Labor subtotal

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal

Sales tax, if applicable (_____%)

Amount due

REPAIR NOTES

_____

_____

Please keep this invoice with your appliance records.