

CAR REPAIR RECEIPT

Company Name: _____

Date: _____

Street Address: _____

Receipt #: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Customer Information

Name: _____ Street Address: _____

City, State, Zip: _____ Phone: _____

License: _____ Year, Make, Model: _____

Insurance Information

Company: _____ Claim #: _____

Services Rendered	Price	Parts	Qty./Price	Total
Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Credit (No. _____) <input type="checkbox"/> Check (No. _____) <input type="checkbox"/> Other: _____			Subtotal Tax Rate Total Tax Total	Amount Paid: _____ Amount Due: _____

Name(s) of Service Person(s): _____

Authorized Signature _____

Printed Name: _____

