

CAR SERVICE RECEIPT

Company Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____
Website: _____

Date: _____
Receipt #: _____

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	
Amount Paid: _____			Tax Rate	
Amount Due: _____			Total Tax	
			Total	

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

Authorized Signature _____
Printed Name: _____

