

CAR WASH RECEIPT

Date: _____
Receipt #: _____

Company Name: _____
Address: _____
City/State/ZIP: _____
Phone: _____
Email: _____

Vehicle Information:

Make: _____ Model: _____
Year: _____ Color: _____

Description of Services	QTY	Cost	Line Total
Payment Method: <input type="checkbox"/> Cash. <input type="checkbox"/> Check. No: _____ <input type="checkbox"/> Credit. No: _____ <input type="checkbox"/> Other. _____		Subtotal:	
		Tax (%):	
		Total:	
		Amount Paid:	

Authorized Signature: _____

Representative Name: _____

