

# 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:		Subtotal:	
<input type="checkbox"/> Cash. <input type="checkbox"/> Check. No: _____		Tax (    %):	
<input type="checkbox"/> Credit. No: _____		Total:	
<input type="checkbox"/> Other. _____		Amount Paid:	

Authorized Signature: \_\_\_\_\_

Representative Name: \_\_\_\_\_

