

CAR DETAILING 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: _____

QTY	Services Rendered	Unit Price	Total
Notes:		Subtotal	
		Tax Rate	
		Total Tax	
		Total	
		Total Paid	
Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Credit (No. _____) <input type="checkbox"/> Check (No. _____) <input type="checkbox"/> Other: _____			

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

Authorized Signature _____

Printed Name: _____

