

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

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

Authorized Signature _____

Printed Name: _____

