

Auto Service Billing Statement

ABC Auto Repair Shop

123 Main St, City, State ZIP

(123) 456-7890

Statement #: <input type="text"/>	Date: <input type="text"/>
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Customer Name: <input type="text"/>	Phone: <input type="text"/>
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Vehicle Make/Model: <input type="text"/>	License Plate: <input type="text"/>
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Description of Service / Parts	Quantity	Unit Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subtotal			<input type="text"/>
Tax			<input type="text"/>
Total Amount Due			<input type="text"/>

Notes:

Thank you for your business!