

Auto Service Billing Statement

ABC Auto Repair Shop

123 Main St, City, State ZIP

(123) 456-7890

Statement #:	Date:
<input type="text"/>	<input type="text"/>

Customer Name:	Phone:
<input type="text"/>	<input type="text"/>
Vehicle Make/Model:	License Plate:
<input type="text"/>	<input type="text"/>

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:

<input type="text"/>

Thank you for your business!