

CAR REPAIR RECEIPT

Company Name: abc repair

Date: 2024-08-06

Street Address: washington

Receipt #: _____

City, State, Zip: _____

Phone: 11221122

Fax: _____

Email: _____

Website: _____

Customer Information

Name: _____

City : _____

Phone: _____ Year, Make, Model: _____

Services Rendered	Price	Parts	Qty./Price	Total
car wash	200			
polish	300			
Amount Paid: _____			Subtotal	
			Total	500

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

Printed Name: _____

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