

YOUR COMPANY NAME

Address
 CITY, STATE, ZIP CODE
 Phone Number
 Advertising Line

WORK ORDER INVOICE

001001

NAME		DATE
ADDRESS		
		PHONE
LOCATION	TERMS	

MATERIAL	QTY.	DESCRIPTION	PRICE	AMOUNT	
				TOTAL MATERIAL	

LABOR	DESCRIPTION	HRS / RATE	AMOUNT	
			TOTAL LABOR	

CUSTOMER SIGNATURE: _____

- | | | | |
|--|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> MAIN ENTRANCE | <input type="checkbox"/> REAR DOOR | <input type="checkbox"/> WINDOW | <input type="checkbox"/> SAFE |
| <input type="checkbox"/> FRONT DOOR | <input type="checkbox"/> HALL DOOR | <input type="checkbox"/> CLOSET | <input type="checkbox"/> PATIO DOOR |
| <input type="checkbox"/> SIDE DOOR | <input type="checkbox"/> INSIDE | <input type="checkbox"/> _____ | |
| <input type="checkbox"/> OPEN LOCK(S) | <input type="checkbox"/> INSTALL | <input type="checkbox"/> REPIN | <input type="checkbox"/> CLEAN/LUBR. |
| <input type="checkbox"/> SECURE PREMISES | <input type="checkbox"/> REMOVE & REPLACE | <input type="checkbox"/> CHANGE COMB. | <input type="checkbox"/> ADJUST |
| <input type="checkbox"/> FIT KEYS | <input type="checkbox"/> MASTER KEY | <input type="checkbox"/> _____ | |

TOTAL LABOR	
SUB-TOTAL	
TAX	
TOTAL	

IF AUTO	
YEAR	MAKE
MODEL	
LICENSE NO.	

AUTHORIZATION FOR SECURITY/EMERGENCY SERVICES
 I hereby certify that I have the authority to order the lock, key or security work designated above. Further, I agree to absolve the locksmith who bears this authorization from any and all claims arising from the performance of such work.

SIGNATURE: _____ DATE _____