


# YOUR COMPANY NAME

Address  
 CITY, STATE, ZIP CODE  
 Phone Number  
 Advertising Line

# WORK ORDER INVOICE

001001

NAME						DATE OF ORDER	
ADDRESS						RES. PHONE	
						BUS. PHONE	
INSURANCE CO. / AGENT						POLICY NO.	
ADDRESS						YEAR, MAKE, MODEL	
DELIVERY DIRECTIONS							
SOLD BY		CASH	CHECK	C.O.D.	CHARGE	ON ACCT.	
						<input type="checkbox"/> FURNISH & INSTALL <input type="checkbox"/> FURNISH ONLY <input type="checkbox"/> WILL CALL <input type="checkbox"/> DELIVER	
QTY.	SIZE	DESCRIPTION				AMOUNT	
							
DESCRIPTION OF WORK							
STATEMENT OF AUTHORIZATION AND SATISFACTION Replacement or repair has been made to my satisfaction and I hereby authorize the above insurance company to pay direct in full to the above listed firm for said installation. If for any reason the insurance company does not pay for these repairs or replacements, the below signed agrees to pay for said repairs or replacement.						TOTAL MATERIAL	
						TOTAL LABOR	
						TAX	
						SUB-TOTAL	
						<input type="checkbox"/> DEPOSIT <input type="checkbox"/> DEDUCTIBLE	
SIGNATURE						<b>TOTAL</b>	
RECEIVED BY				DATE			