

# INVOICE

Invoice No: \_\_\_\_\_  
Date: \_\_\_\_\_  
Payment Terms: \_\_\_\_\_

## CUSTOMER / PAYER INFO

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## VEHICLE DETAILS

Year / Make / Model: \_\_\_\_\_  
VIN: \_\_\_\_\_  
License Plate: \_\_\_\_\_  
Color: \_\_\_\_\_

## SERVICE DETAILS

Pickup Location: \_\_\_\_\_ Drop-off Location: \_\_\_\_\_  
Dispatch Time: \_\_\_\_\_ Arrival Time: \_\_\_\_\_  
Odometer Start: \_\_\_\_\_ Odometer End: \_\_\_\_\_

## DESCRIPTION OF SERVICES & CHARGES

Service Item / Description	Qty / Hours	Rate / Unit Price	Total
Hookup / Base Towing Fee			
Towed Mileage Charge (Mi / Km)			
Roadside Assistance Service (Jumpstart, Lockout, Fuel, Tire)			
Winch / Recovery Service			
Storage Fees (Days: ____)			

Service Item / Description	Qty / Hours	Rate / Unit Price	Total
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After-Hours / Emergency Surcharge

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**Subtotal:** \_\_\_\_\_

**Tax:** \_\_\_\_\_

**Total Due:**  

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Service Operator Signature

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Customer / Authorized Agent Signature

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Thank you for choosing our services. Please contact us for any inquiries regarding this invoice.