|  |  |
| --- | --- |
| 12424413989 | Invoice  |
| P.O. Box F -60455#2 Milton StreetFreeport, Grand BahamaTelephone: (242) 351-1201Cell: (242) 727-3989 | Date: [Enter date]Invoice # [100] |
|  | To:Telephone Contact:  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Year Vehicle | Make | Model | Color | LicensePlate # | Payment Terms | Due Date |
|  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Repair | Replace | Description | Amount  |
|  |  |  |  |
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|  |
| Remarks: | **Parts** |  |
|  | **Paint Material** |  |
|  | **Labor** |  |
|  | **Total** |  |

**$ Insurance Deductible**

|  |
| --- |
| **Terms & Conditions**I agree to pay the total amount due upon completion. I hereby understand that facility is not responsible for theft, or damages from acts of nature or fire. There is no warranty on parts that are supplied by customer. |

**Thank you for your business**

**Mr. Delano Thompson**