

MUFFLER SHOP

DATE _____ 19__

CUSTOMER'S ORDER NO. _____

SOLD TO _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAKE OF CAR _____ LICENSE NO. _____

CHARGE	CASH	ON ACCT.	MDSE. RET.	PAID OUT
QTY.	PART NO.	ITEM	PRICE	AMOUNT
		MUFFLERS	R	
		MUFFLERS	L	
		TAIL PIPES	R	
		TAIL PIPES	L	
		EXHAUST PIPES	F R	
		CROSS-OVER PIPES		
		RESONATORS		
		CLAMPS		
		HANGERS		
SUB. TOTAL				
TAX				
LABOR				
TOTAL				

ALL CLAIMS & RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL

SOLD BY _____ RECEIVED BY _____

SERVICE STATION

DATE _____ 19__

CUSTOMER'S ORDER NO. _____

SOLD TO _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

LICENSE NO.	MAKE OF CAR	MODEL	ACCT. FWD.
UNIT	QUANTITY	DESCRIPTION	AMOUNT
		GALS. GASOLINE	
		QTS. OIL	
		LBS. GREASE	
		LUBRICATION	
		WASHING	
		POLISHING	
		TIRES	
		TUBES	
		ACCESSORIES	
TAX			
TOTAL			

THIS INVOICE INCLUDES ALL TAXES

RECEIVED BY _____