

Car Wash Receipt

Receipt #: _____

Date: _____

Car Wash

Name: _____

Representative: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Customer

Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Vehicle Information:

- Make: _____
- Model: _____
- Year: _____
- VIN: _____
- Mileage: _____
- License #: _____

Service Details:

Description	Quantity	Unit Price	Total

Subtotal: \$ _____

Taxes: \$ _____

Total Amount Due: \$ _____

Payment made by cash credit card check other: _____

Check/Card Number: _____

Terms and Conditions:

The total amount is due upon completion of the car wash service.

Car wash is not responsible for any items left in the vehicle.

Any issues with the service must be reported within _____ hours.

Authorized Signature: _____

Name: _____

Date: _____