

# TOWING RECEIPT

Date: \_\_\_\_\_  
Receipt #: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Vehicle Information

Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ Tag #: \_\_\_\_\_  
VIN #: \_\_\_\_\_ Registered Owner: \_\_\_\_\_  
Vehicle Location: \_\_\_\_\_  
Vehicle Towed to: \_\_\_\_\_  
Reason for Towing: \_\_\_\_\_

Description of Services	Cost	Line Total
Payment Method: <input type="checkbox"/> Cash. <input type="checkbox"/> Check. No: _____ <input type="checkbox"/> Credit. No: _____ <input type="checkbox"/> Other. _____	Subtotal:	
	Tax (     %):	
	Total:	
	Amount Paid:	

Operator Name: \_\_\_\_\_  
Truck Number: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_

