[redacted]

#8 INVOICE

Invoice no:

Phone/Telefono:	Date/Fecha:
Name/Nombre:	
Vin:	Make/Marca:
Make/Modelo:	Year/Año:
Color:	Driver/Chofer:
Address/Domicilio:	City/Ciudad, State/Estado, ZIP:
Payment Type: CASH ☐ CHECK ☐ ZELLE ☐	

TYPE OF TOW	TOWED PER ORDER	REASON FOR TOW	
Slinghoist Tow ☐	State Police ☐	Accident ☐	Tow Zone ☐
Flat Bed/Ramp ☐	Local Police ☐	Abandoned ☐	Stolen ☐
Wheel Lift ☐	Owner ☐	Flat Tire ☐	Breakdown ☐
		Lock Out ☐	Out of Gas ☐
		Fire Lane ☐	Arrest ☐
		No Start ☐	

Description	PRICE	AMOUNT
SUBTOTAL		
SALES TAX		
TOTAL		

COMPLAINTS: A PERSON DAMAGED OR OVERCHARGED MAY FILE A COMPLAINT UNDER ARKANSAS CODE § 27-50-1218 WITH THE ARKANSAS TOWING AND RECOVERY BOARD, (501) 682-3801, www.artowing.arkansas.gov