INVOICE

From:
[Your company name]
[Street address]
[City, state, ZIP]
[Phone] | [Email]
[License # / contractor #]

Bill to:
[Customer name]
[Customer address]
[Customer phone]
[Customer email]

Invoice # _____ **Invoice date** _____

Service address _____ **Service date** _____

Equipment / model _____

Description	Qty	Rate	Amount

Subtotal _____

Tax % _____

TOTAL _____

Payment terms
Net 15 days. Late payments subject to 1.5% per month finance charge.