INVOICE

Business Name: _____

License #: _____

Phone: _____

Invoice #: _____

Date: _____

CLIENT INFORMATION:

Name: _____

Address: _____

City/Zip: _____

SERVICE LOCATION:

Basement Access: [ ] Yes [ ] No

Pump Model: _____

Installation Date: _____

Description of Repair / Parts	Qty	Unit Price	Total

Description of Repair / Parts	Qty	Unit Price	Total
Labor Hours (Rate: $_____)			

Subtotal: $_____
Tax: $_____

TOTAL DUE: $_____

Notes / Warranty Terms:

_____

Customer Signature: _____ Date: _____