INVOICE

[Business Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Customer Name]
[Service Address]
[Phone Number]

EQUIPMENT DETAILS:

Make/Model: _____
Serial No: _____
Install Date: _____

DESCRIPTION OF SERVICE:

Description / Parts	Qty	Unit Price	Total
Labor - Service Call / Diagnostic			
Resin Cleaning / Regeneration			
Part: _____			
Part: _____			
Part: _____			

Subtotal: $_____
Tax: $_____
Total Due: $_____

SERVICE NOTES:

Hardness Level (Pre-Repair): _____ GPG | (Post-Repair): _____ GPG
Additional Comments:

Thank you for your business! Please make checks payable to [Business Name].

Customer Signature: _____ Technician: _____