

[BUSINESS NAME]

[Address Line 1]

[Phone Number] | [Email]

INVOICE

Invoice #: _____

Date: ____ / ____ / ____

BILL TO:

[Client Name]

[Service Address]

[Phone/Email]

SERVICE DETAILS:

Service Date: _____

Frequency: [One-time/Monthly]

Description of Services	Quantity/Count	Unit Price	Total
Exterior Window Cleaning		\$	\$
Interior Window Cleaning		\$	\$
Screen Deep Cleaning		\$	\$
Track & Sill Detailing		\$	\$
Other: _____		\$	\$
Subtotal: \$ _____			

Tax: \$ _____
TOTAL DUE: \$ _____

Notes: [e.g. Please clear exterior obstacles prior to arrival.]

Payment Methods: [Cash / Check / Venmo / Credit Card]

Thank you for your business!