

INVOICE

Exterior Glass Cleaning Specialist

Invoice #: _____

Date: _____

Service Provider:

Business Name
Address Line 1
City, State, Zip
Phone / Email

Bill To:

Client Name
Project Address
City, State, Zip
Phone / Email

Description of Services	Quantity	Unit Price	Total
Standard Window Panes (Exterior)			
Large Glass Panels / Storefront			
Screen Cleaning / Frame Detailing			

Description of Services	Quantity	Unit Price	Total
Specialized Stain/Hard Water Removal			
Subtotal: \$0.00 Tax (___%): \$0.00			
<hr/> Total Amount Due: \$0.00			
<hr/> <p>Payment Terms: Due within ____ days. Notes: All exterior glass was inspected for pre-existing damage prior to cleaning. Thank you for your business!</p>			