INVOICE

[Business Name]
[Address Line 1]
[Phone Number]

Date: _____
Invoice #: _____

BILL TO:

[Customer Name]
[Service Address]
[City, State, Zip]

FILTER TYPE:

[ ] D.E. Filter
[ ] Cartridge Filter
[ ] Sand Filter

Service Description	Qty	Unit Price	Total
Pool Filter Breakdown & Chemical Cleaning		$	$
Replacement O-Rings / Lube		$	$
Filter Media (D.E. Powder / Sand)		$	$
Replacement Cartridges / Grids		$	$

Subtotal: $_____

Tax: $_____

TOTAL DUE: $_____

Notes: _____

Payment is due within [Number] days. Thank you for your business!