[Company Name]

[Address Line 1]
[Address Line 2]
Phone: [000-000-0000]
License #: [000000]

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]

CLIENT INFORMATION

[Client Name]
[Property Address]
[City, State, Zip]
[Client Phone]

INSPECTION DETAILS

Date of Service: [MM/DD/YYYY]
Property Size: [Sq Ft]
Inspector: [Name]

Service Description	Quantity	Unit Price	Total
Standard Full Home Inspection	1	$0.00	$0.00
[Additional Service: e.g., Radon, Mold, Sewer]	1	$0.00	$0.00
[Other Fees]	1	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Amount Due: $0.00

Payment Terms: Payment is due upon receipt of inspection report. Thank you for your business.

Certified Professional InspectorÂ®