[COMPANY NAME]

[Address Line 1]
[City, State, Zip]
[Phone Number]
[License #]

INVOICE

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name]
[Client Address]
[City, State, Zip]
[Client Email]

INSPECTION PROPERTY:

[Property Address]
[City, State, Zip]
Type: [Residential/Commercial]

Description of Service	Amount
Standard Home Inspection (up to [Sq Ft] sq ft)	$0.00
[Add-on: Radon / Termite / Sewer Scope]	$0.00
[Additional Services]	$0.00

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

Payment Instructions

Please make checks payable to: **[Company Name]**

For electronic payments: [Payment Link/Info]

Thank you for your business. The inspection report will be released upon receipt of payment.