COMMERCIAL POWER SYSTEMS

[Company Street Address]
[City, State, Zip]
Phone: (555) 000-0000

INVOICE

Date: [MM/DD/YYYY]
Invoice #: [00000]
PO #: [00000]

BILL TO

[Customer Name/Company]
[Street Address]
[City, State, Zip]
Attn: [Contact Person]

SHIPPING/INSTALLATION SITE

[Site Name]
[Street Address]
[City, State, Zip]
Site Phone: [Phone Number]

Model/SKU	Description (Engine/Alternator/Phase)	Qty	Unit Price	Amount
[Model #]	[e.g., 500kW Standby Diesel Generator, 3-Phase, 480V]	[0]	$0.00	$0.00
[SKU]	[e.g., Automatic Transfer Switch - 800A]	[0]	$0.00	$0.00
[Service]	[Installation, Commissioning & Load Bank Testing]	[0]	$0.00	$0.00

TECHNICAL SPECIFICATIONS & WARRANTY

Fuel Type: [Diesel/Natural Gas]
Enclosure: [Weatherproof/Sound Attenuated]
Warranty Period: [Years/Hours]

Subtotal: $0.00
Sales Tax: $0.00
Shipping/Freight: $0.00
TOTAL: $0.00

Payment Terms: [Net 30 / Due on Receipt]
Please make checks payable to **Commercial Power Systems**.
Wire transfer instructions available upon request.