

SERVICE INVOICE

[Company Name]
[Address Line 1]
[Phone / Email]

INVOICE NUMBER
[00000]

BILLING DATE
[Date]

CLIENT / BILL TO:

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

SERVICE LOCATION:

[Building Name]
[Site Address]
[Unit ID / Serial Number]

CONTRACT PERIOD

[Start Date] to [End Date]

FREQUENCY

[Monthly / Quarterly / Annual]

Description of Maintenance Services	Quantity	Rate	Amount
Preventative Maintenance Agreement - Recurring	1	\$0.00	\$0.00
Safety Inspection & Lubrication	1	\$0.00	\$0.00
Additional Parts/Consumables	-	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total Due: \$0.00

NOTES & TERMS

Payment is due within [X] days. Please include the invoice number with your payment. Thank you for your continued business.