INVOICE

[Company Name]
[Street Address]
[City, State, Zip]

Date: _____
Invoice #: _____

BILL TO:

[Client Name]
[Service Address]
[City, State, Zip]
[Phone Number]

PLAN DETAILS:

Plan Type: Annual Maintenance
Billing Cycle: [Monthly / Quarterly / Full]
Contract Period: _____

Description of Services	Frequency	Price
Weekly Water Chemistry & Balancing	52 Visits	$
Pool Surface Skimming & Debris Removal	Weekly	$
Equipment Inspection & Filter Cleaning	Monthly	$
Annual Opening & Closing Services	Seasonal	$
Chemical Surcharge (Annual Estimate)	N/A	$

Subtotal: $ _____

Tax: $ _____
TOTAL DUE: $ _____

NOTES / PAYMENT INSTRUCTIONS:

Please make checks payable to [Company Name]. Payments are due within 15 days of invoice date.

Thank you for choosing us for your pool maintenance needs!