POOL SERVICES CO.

INVOICE # [0000]
DATE: [Date]
CYCLE: [Monthly/Bi-Weekly]

CLIENT

[Client Name]
[Property Address]
[Phone/Email]
Remit Payment To:
[Business Name]
[Mailing Address]
[Tax ID / License #]

Service Description	Frequency	Rate	Amount
Standard Pool Maintenance (Chemical Balance, Skimming, Vacuuming)	[X] Visits	$0.00	$0.00
Chemical Surcharge (Chlorine, Acid, Shock)	Flat Rate	$0.00	$0.00
Equipment Inspection & Filter Cleaning	Monthly	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

TOTAL DUE: $0.00

Notes: Water levels were [Low/Normal] this period. Next filter backwash scheduled for [Date].

Please make checks payable to [Business Name] or pay via [Online Link]. Thank you for your business!