# [BUSINESS NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

## INVOICE

**Invoice #:** _____
**Date:** _____

**BILL TO:**

[Customer Name]
[Service Address]
[Phone Number]

**SERVICE PERIOD:**

From: _____
To: _____

| Service Description / Chemicals Used | Qty/Hours | Rate | Amount |
|---|---|---|---|
| Monthly Maintenance / Cleaning Service | | | |
| Liquid Chlorine / Shock Treatment | | | |
| Muriatic Acid / pH Balancer | | | |

| Service Description / Chemicals Used | Qty/Hours | Rate | Amount |
|---|---|---|---|
| Filter Cleaning / DE Powder | | | |
| Other: _____ | | | |

Subtotal: $ _____
Tax: $ _____
Total Due: $ _____

**Payment Terms:** Due within [X] days. Please make checks payable to **[Business Name]**.

*Thank you for your business!*