

# INDUSTRIAL CLEANING SERVICES

[Your Company Name]  
[Street Address]  
[City, State, Zip]  
[Phone] | [Email]

## INVOICE

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_

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### BILL TO:

[Client Name]  
[Client Facility/Company]  
[Client Address]  
[Tax ID/Reference]

### SERVICE LOCATION:

[Facility Name/Site ID]  
[On-site Supervisor Contact]  
[Specific Zone/Area]

Service Description / Equipment Used	Units (Hr/SqFt)	Rate	Total
[e.g., High-Pressure Degreasing - Zone A]			
[e.g., Hazardous Waste Removal & Disposal]			

Service Description / Equipment Used	Units (Hr/SqFt)	Rate	Total
[e.g., Industrial HVAC Duct Cleaning]			
[e.g., Consumables & Specialized Solvents]			
Subtotal: \$0.00			
Tax (%): \$0.00			
<b>Total Amount: \$0.00</b>			

**Payment Terms:** Net [30] Days. Please make checks payable to [Company Name].

**Notes:** All cleaning performed according to OSHA and site-specific safety protocols.