

[PLUMBING COMPANY NAME]

[Street Address]
[City, State, Zip]
Phone: [000-000-0000]
License: #[000000]

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

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

SERVICE LOCATION:

[Contact Name]
[Address / Unit #]
[City, State, Zip]

Description of Maintenance / Repair	Qty/Hrs	Rate	Amount

Subtotal:\$0.00

Tax:\$0.00
Total Due:\$0.00

Notes / Warranty:

Terms: Payment due within [15] days. Make checks payable to [Company Name].

Thank you for your business!