

INVOICE

[Solar Company Name]
[Business Address]
[Tax ID / License No.]

Invoice #: [00000]
Date: [Date]
Project ID: [Project Name/Ref]

CLIENT / BILLING TO:

[Commercial Client Name]
[Company Address]
[Contact Person]
[Phone / Email]

INSTALLATION SITE:

[Site Address / Facility Name]
[System Size (kW/MW)]
[Interconnection Agreement No.]

Description	Qty/Capacity	Unit Price	Amount
Photovoltaic Modules (Panels) - [Model Name]	[Qty]	\$0.00	\$0.00
Commercial Inverter System - [Model Name]	[Qty]	\$0.00	\$0.00

Description	Qty/Capacity	Unit Price	Amount
Racking & Mounting Structural Components	1	\$0.00	\$0.00
Electrical Balance of System (Wiring, Conduit, Safety)	1	\$0.00	\$0.00
Professional Labor & System Installation	[Hours/Flat]	\$0.00	\$0.00
Permitting, Engineering & Interconnection Fees	1	\$0.00	\$0.00

Subtotal: \$0.00
 Tax/VAT: \$0.00
 Incentives/Rebates (Applied): (\$0.00)
 Balance Due: \$0.00

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

Notes: All equipment remains property of [Solar Company Name] until full payment is received. Manufacturer warranties are attached as a separate document.