PROFORMA INVOICE

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

Date: _____
Invoice #: _____
Project: _____

Bill To:

_____
_____
_____

Site / Delivery Address:

_____
_____
_____

Description (Glass Type, Dimensions, Edging)	Qty	Unit Price	Amount
Glazing Services / Installation:			

Subtotal: $ _____
Tax: $ _____

Total Payable: $ _____

Payment Terms: [e.g., 50% Deposit Required to Order]
Validity: Quote valid for [30] days.
Notes: All glass is cut to provided specifications. Tempered glass cannot be altered after manufacturing.

Thank you for your business.