

TAX INVOICE

[Business Name]
[Street Address]
[City, State, Zip]
[Phone Number]
[Tax ID / ABN]

Invoice #: [00001]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name]
[Client Address]
[Client Phone]

SERVICE LOCATION:

[Address or "Same as Billing"]

Description of Service	Qty/Area	Rate	Amount
Carpet Steam Cleaning (Standard Room)			\$0.00
Stain Removal Treatment			\$0.00
Upholstery/Rug Cleaning			\$0.00
<hr/>			
Subtotal: \$0.00			
Tax ([0] %): \$0.00			
Total: \$0.00			

Payment Terms:

Please pay via [Bank Transfer/Credit Card/Check].

Account Name: [Name] | BSB/Account: [Numbers]

Thank you for your business!