

# TAX INVOICE

[Company Name]  
[Street Address]  
[City, State, Zip]  
[Tax ID / Business Registration Number]

**Invoice #:** [0000]  
**Date:** [DD/MM/YYYY]  
**Due Date:** [DD/MM/YYYY]

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## CLIENT INFORMATION

[Client Name]  
[Facility/Site Address]  
[Contact Person]  
[Client Tax ID]

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## SERVICE DETAILS

**Site Reference:** [Building/Area Name]  
**Service Frequency:** [One-off / Weekly / Monthly]  
**PO Number:** [Reference Number]

Description of Industrial Cleaning Services	Qty/Hrs	Rate	Amount
[Service Name: e.g., High-Pressure Floor Scrubbing]	0	0.00	0.00
[Service Name: e.g., Chemical Waste Disposal]	0	0.00	0.00
[Service Name: e.g., Equipment Degreasing]	0	0.00	0.00

Subtotal: 0.00  
Tax ([0]%): 0.00

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**Total Amount: \$0.00**

## **PAYMENT TERMS & BANKING**

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Bank: [Bank Name] | Account Name: [Name] | Account No: [Number] | Swift/BIC: [Code]  
Payment is due within [Number] days. Please include invoice number as reference.

*Thank you for your business.*