

TAX INVOICE

[Company Name]
[Business Address]
[Phone Number]
[ABN/Tax ID]

INVOICE # [000]
DATE [DD/MM/YYYY]
DUE DATE [DD/MM/YYYY]

BILL TO [Client Name]
[Client Address]
[Client Phone]
SERVICE LOCATION [Property Address]
[Property Type: Residential/Commercial]

Service Description	Area/Qty	Rate	Amount
[e.g. Driveway Pressure Cleaning]	[sq ft/m]	\$0.00	\$0.00
[e.g. Soft Wash Roof Cleaning]	[1]	\$0.00	\$0.00
[e.g. Chemical Treatment/Degreaser]	[1]	\$0.00	\$0.00

Subtotal: \$0.00
Tax ([0%]): \$0.00
Total Due: \$0.00

PAYMENT METHODS [Bank Name]
[Account Number / BSB]
[Payment Reference]

NOTES Thank you for your business!

All services are subject to [Company Name] terms and conditions. Pressure washing results may vary based on surface age and stain type.