INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Customer Name]
[Customer Address]
[Phone]

PROJECT LOCATION:

[Property Address]
[City, State, Zip]

Description of Services (Prep, Siding, Trim, etc.)	Hours/Qty	Rate/Price	Total
Surface Preparation (Power wash, scraping, sanding)			
Exterior Painting - Siding/Body			
Trim, Soffits, and Fascia			
Doors and Shutters			

Description of Services (Prep, Siding, Trim, etc.)	Hours/Qty	Rate/Price	Total
Materials (Paint, Primer, Caulk)			

Subtotal: $_____

Tax: $_____

Deposit Paid: ($_____)

BALANCE DUE: $_____

Notes / Warranty:
[Enter specific paint brands/colors used or warranty terms here]

Please make checks payable to: **[Company Name]**