INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Customer Name]
[Service Address]
[City, State, Zip]
[Phone Number]

SYSTEM SPECIFICATIONS:

Brand/Model: _____
SEER Rating: _____
Tonnage: _____
Serial #: _____

Description of Equipment & Labor	Qty	Unit Price	Amount
Condenser Unit Installation			
Evaporator Coil / Air Handler			
Refrigerant Lines & Insulation			

Description of Equipment & Labor	Qty	Unit Price	Amount
Thermostat & Control Wiring			
Permits & Disposal Fees			
Labor (Installation & Testing)			

Subtotal: $0.00
Tax Rate: _____%
Sales Tax: $0.00

Total: $0.00

Warranty Information: [Years] Parts / [Years] Labor.

Terms: Payment is due upon completion of installation unless otherwise agreed.

Thank you for choosing [Company Name] for your home comfort!