FIRE SAFETY CO.

123 Protection Way
Safety City, ST 12345
contact@firesafety.com

INVOICE

Invoice #: _____
Date: _____
Quarter: Q__ (20__)

BILL TO:

_____
_____
_____

SERVICE LOCATION:

_____
_____

Service Description (Quarterly Subscription)	Frequency	Amount
Fire Alarm System Inspection & Testing	Quarterly	$ _____
Sprinkler System Visual Inspection	Quarterly	$ _____
Emergency Lighting Battery Testing	Quarterly	$ _____

Service Description (Quarterly Subscription)	Frequency	Amount
Extinguisher Compliance Check	Quarterly	$ _____

Subtotal: $ _____
Tax: $ _____

Total Amount Due: $ _____

Payment Terms: Net 30 Days. Please make checks payable to "Fire Safety Co."

Notes: This invoice covers the standard quarterly preventive maintenance subscription. Any major repairs or parts replacement will be billed separately upon approval.