INVOICE

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

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name]
[Client Address]
[Client Phone]

SERVICE LOCATION:

[Site Name/Facility]
[Generator Model/Serial #]
Service Period: [Q1/Q2/Q3/Q4 Year]

Description of Subscription Service	Qty	Rate	Amount
Quarterly Preventive Maintenance (Oil, Filters, Battery Check)	1	$0.00	$0.00
Load Bank Testing & Transfer Switch Inspection	1	$0.00	$0.00
Compliance Documentation & Remote Monitoring Fee	1	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

TOTAL DUE: $0.00

Notes: Please make checks payable to [Company Name]. Next scheduled maintenance visit: [Date].

Thank you for choosing us for your backup power reliability.