HVAC SOLUTIONS INC.

123 Industrial Way
Service City, ST 12345
Phone: (555) 010-9988
Email: billing@hvacpro.com

PROFORMA INVOICE

Date: _____

Estimate #: _____

CLIENT / BILL TO:

_____
_____
_____
Attn: _____

JOB SITE LOCATION:

_____
_____
Facility Manager: _____
System ID: _____

Service Type: [ ] Emergency Repair [ ] Preventative Maint. [ ] Component Replace

Equipment: _____

Description of Services / Parts	Qty/Hrs	Unit Price	Amount

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Subtotal: $_____
Tax Rate (%): _____
Tax Amount: $_____
TOTAL DUE: $_____

Terms & Conditions:

1. This is a proforma invoice based on initial diagnostic inspection.
2. Actual costs may vary by +/- 10% depending on hidden system damage.
3. Work will commence upon receipt of a signed PO or partial deposit.
4. Warranty: 90 days on labor / Manufacturer warranty on parts.

Authorized Signature: _____ Date: _____