

INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: [000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Client Address]
[Phone/Email]

PROJECT LOCATION:

[Job Site Address]
[Project Description]

Description of Texture Services	Sq. Footage	Rate	Amount
Surface Prep (Masking & Priming)	[0.00]	[0.00]	[\$[0.00]]
Texture Application (e.g., Orange Peel, Knockdown, Skip Trowel)	[0.00]	[0.00]	[\$[0.00]]
Materials (Mud, Sealant, Tape)	-	-	[\$[0.00]]
Labor / Specialized Finishing	[Hours]	[0.00]	[\$[0.00]]

Subtotal: \$[0.00]

Tax: \$[0.00]

TOTAL: \$[0.00]

Payment Terms: Net [30] Days. Please make checks payable to [Company Name].

Notes: All texture finishes are subject to lighting conditions. Thank you for your business.