# COMMERCIAL SIDING CO.

123 Industrial Way
City, State, Zip
Phone: (555) 000-0000

# INVOICE

#INV-0001
Date: _____

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**BILL TO:**

Client Name/Company
Project Address
City, State, Zip

**PROJECT:**

Commercial Exterior Renovation
PO #: _____

| Description of Materials & Labor | Qty/Sq Ft | Rate | Total |
|---|---|---|---|
| Siding Installation (Material: _____) | | | $ |
| Underlayment / Moisture Barrier | | | $ |
| Trim, Soffit, and Fascia Work | | | $ |

| Description of Materials & Labor | Qty/Sq Ft | Rate | Total |
|---|---|---|---|
| Scaffolding / Lift Rental Fee | | | $ |
| Waste Removal & Site Cleanup | | | $ |

Subtotal: $0.00
Tax Rate: 0.00%

## Total Due: $0.00

**Payment Terms:** Net 30 Days. Please make checks payable to "Commercial Siding Co."

*Thank you for your business.*