DECK WATERPROOFING & SEALING

Address Line 1
City, State, Zip
Phone: (000) 000-0000

INVOICE

#INV-0000
Date: [Date]

BILL TO

[Client Name]
[Address Line 1]
[City, State, Zip]

JOB SITE / PROJECT

Total Square Footage: [sq. ft.]
Product Used: [Stain/Sealant Name]
Completion Date: [Date]

Description of Services	Qty/Sq Ft	Rate	Amount
Power Washing & Surface Preparation			
Minor Wood Repairs & Sanding			
Application of Waterproofing Sealer/Stain			

Description of Services	Qty/Sq Ft	Rate	Amount
Material Costs (Sealant, Tape, Brushes)			

Subtotal: $0.00
Tax: $0.00
Total: $0.00

NOTES & TERMS

Payment is due within [X] days. Please allow 48 hours for the sealant to fully cure before placing furniture on the deck. All work carries a [X] year warranty on workmanship.