[COMPANY NAME]

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

INVOICE

BILL TO:
[Client Name]
[Client Address]
[City, State, Zip]

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

ITEM / COLLECTION	DESCRIPTION OF SERVICE	QTY	RATE	AMOUNT
[Furniture Piece Name]	White-glove assembly and placement	[0]	$0.00	$0.00
[Furniture Piece Name]	Wall anchoring and leveling service	[0]	$0.00	$0.00
Delivery / Travel	Premium handling and transport fee	[1]	$0.00	$0.00

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

Payment Terms: Please make checks payable to [Company Name]. Payments via bank transfer can be made to [Account Info].
Note: All designer furniture assembly includes a 30-day craftsmanship guarantee.