INVOICE

_____

Service Provider Name
Address Line 1
City, State, Zip
Email / Phone

CLIENT INFORMATION

Name: _____
Phone: _____
Email: _____

DETAILS

Date: _____
Due Date: _____

Camera Model / Serial No.	Service Description	Price
_____	Full Frame / APS-C Sensor Cleaning	$_____
_____	Mirror Box & Lens Mount Detail	$_____
_____	External Body & LCD Cleaning	$_____

Subtotal: $_____
Tax: $_____
Total Amount: $_____

NOTES & TERMS

Service includes inspection for scratches and mapping of stubborn dust particles.
Payment is due upon completion of services. Professional cleaning does not guarantee removal of internal glass defects.