

INVOICE

[Wholesale Company Name]
[Business Address]
[Phone Number] | [Email]

INVOICE # [0000]
DATE [Date]
ACCOUNT ID [Client-ID]

BILL TO:

[Client Name / Facility]
[Billing Address]
[Contact Name]

SERVICE LOCATION:

[Store Branch / Unit #]
[Site Address]
[Tank Identifier/Room]

Description of Service / Supplies	Qty / Hrs	Unit Rate	Total
Scheduled Tank Cleaning & Water Quality Testing			
Bulk Salt / Filtration Media Replacement			
System Component Maintenance (Pumps/UV/Skimers)			
Wholesale Livestock/Plant Delivery			

Description of Service / Supplies	Qty / Hrs	Unit Rate	Total
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Subtotal: \$ _____

Wholesale Discount ([0] %): (\$ _____)

Tax: \$ _____

Total Balance Due: \$ _____

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

Service Notes: [Water Parameters: pH __ | Salinity __ | Temp __ | Nitrate __]