COMMERCIAL FLOOR CARE

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

Service Provider:
[Company Name]
[Address Line 1]
[City, State, Zip]
[Phone / Email]

Bill To:
[Client Name]
[Facility/Building Name]
[Address Line 1]
[City, State, Zip]

Service Description	Area / Sq. Ft.	Rate	Amount
Stripping & Waxing	[0.00]	$[0.00]	$[0.00]
High-Speed Burnishing	[0.00]	$[0.00]	$[0.00]
Carpet Deep Extraction	[0.00]	$[0.00]	$[0.00]
Tile & Grout Pressure Cleaning	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax: $[0.00]

Total Balance Due: $[0.00]

Notes & Payment Instructions:
Please make all checks payable to [Company Name].
Standard Net [30] payment terms apply. Thank you for your business.