[Company Name]

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

INVOICE

Invoice #: _____

Date: _____

Due Date: _____

CLIENT INFORMATION

Name: _____
Address: _____
Phone: _____

PROPERTY INSPECTED

Address: _____
Square Footage: _____
Inspection Date: _____

Service Description	Rate	Amount
Standard Home Inspection	$ 0.00	$ 0.00
Radon Testing	$ 0.00	$ 0.00

Service Description	Rate	Amount
Termite/WDO Inspection	$ 0.00	$ 0.00
Additional Building / Outbuilding	$ 0.00	$ 0.00

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

NOTES / PAYMENT INSTRUCTIONS

Please make checks payable to **[Company Name]**. Payment is due upon receipt of inspection report. Thank you for your business.