HVAC SERVICE PROVIDER

123 Comfort Lane
City, State, Zip
Phone: (555) 012-3456
License: #HVAC-000000

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

Name: _____
Address: _____
City/Zip: _____
Phone: _____

SERVICE LOCATION (IF DIFFERENT)

Address: _____
City/Zip: _____

EQUIPMENT INFORMATION

Unit Type: _____ Brand/Model: _____ Serial #: _____ Filter Size: _____ Refrigerant: _____ Last Service: _____

Description of Service / Parts	Qty	Unit Price	Amount
Annual Preventive Maintenance Inspection			$0.00

Description of Service / Parts	Qty	Unit Price	Amount

Subtotal: $0.00
Tax (___%): $0.00
Labor: $0.00
Total Due: $0.00

TECHNICIAN NOTES & RECOMMENDATIONS

Thank you for your business. Please make checks payable to: **HVAC Service Provider**

Terms: Payment is due upon receipt of invoice unless otherwise negotiated. 30-day warranty on labor.