HVAC SERVICE CORP

123 Comfort Lane
City, State, ZIP
Phone: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____
Technician: _____

BILL TO:

Name: _____
Address: _____
Phone: _____

SERVICE LOCATION / EQUIPMENT:

Unit Model: _____
Serial #: _____
Filter Size: _____

MAINTENANCE CHECKLIST

[ ] Inspect Thermostat
[ ] Check Refrigerant Levels
[ ] Clean Condenser Coil
[ ] Inspect Blower Motor
[ ] Tighten Electrical Connections
[ ] Clean/Replace Filters
[ ] Clear Condensate Drain
[ ] Lubricate Moving Parts
[ ] Test Safety Controls

Description of Service / Parts	Qty	Unit Price	Total
Scheduled Seasonal Maintenance Program			

Subtotal: $_____
Tax: $_____

Total Amount: $_____

TECHNICIAN NOTES:

Thank you for your business. Please make checks payable to **HVAC SERVICE CORP**.

Next Service Due: _____