INVOICE

Company Name: _____

License #: _____

Phone: _____

Invoice #: _____

Date: _____

CUSTOMER INFO:

Name: _____

Address: _____

City/Zip: _____

PUMP SPECIFICATIONS:

Brand/Model: _____

Type: [ ] Pedestal [ ] Submersible

Horsepower: _____

Description of Service / Parts	Qty	Unit Price	Total
Diagnostic / Service Call Fee	____	$ _____	$ _____
Pump Replacement / Repair Labor	____	$ _____	$ _____
Float Switch / Check Valve Replacement	____	$ _____	$ _____

Description of Service / Parts	Qty	Unit Price	Total
Basin Cleaning / Debris Removal	____	$ _____	$ _____
_____	____	$ _____	$ _____

Subtotal: $ _____
Tax: $ _____

Total Due: $ _____

Notes / Recommendations:
_____

_____
_____

Customer Signature: _____ Date: _____