

HVAC INDUSTRIAL SOLUTIONS

123 Industrial Way, Suite 500
Engineering District, ST 12345
Phone: (555) 010-9988

INVOICE

Invoice #: _____
Date: _____
PO #: _____

BILL TO: _____

Attn: _____

SERVICE SITE / PROJECT: _____

Unit ID: _____
Model: _____

Part Number	Description (Compressors, Motors, Controls, Filters)	Qty	Unit Price	Total

Part Number	Description (Compressors, Motors, Controls, Filters)	Qty	Unit Price	Total

Subtotal: \$ _____
Shipping/Freight: \$ _____
Sales Tax: \$ _____
Total Amount Due: \$ _____

TERMS & CONDITIONS

Net 30 days. All parts carry standard manufacturer warranty. A 20% restocking fee applies to all returned industrial components. Please make checks payable to "HVAC Industrial Solutions".