[Business Name]
[Street Address]
[City, State, Zip]
[Phone Number]
[License #]

UNPAID INVOICE

Invoice #: [00000]
Date: [Date]

PAST DUE: PAYMENT HAS NOT BEEN RECEIVED

BILL TO:
[Client Name]
[Client Address]
[Client Phone]
SERVICE LOCATION:
[Address of Work Performed]
Due Date: [Date]

Description of Electrical Services	Hours/Qty	Rate	Total
[Service Description]	0	$0.00	$0.00
[Material/Part Name]	0	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Late Fee: $0.00

TOTAL DUE: $0.00

Payment Terms: Please remit payment immediately via [Payment Method].

Notes: [Any additional notes regarding inspections or warranty].