INVOICE

Marine Sonar Solutions Inc.
Port Dock #42, Coastal Way
contact@marinesonar.com

Invoice #: _____
Date: _____
Due Date: _____

CLIENT / VESSEL OWNER:

_____
_____
_____

VESSEL DETAILS:

Vessel Name: _____
Hull ID (HIN): _____
Berth/Location: _____

Description	Qty/Hrs	Unit Price	Total
Sonar Control Unit (Display/Processor)			
Transducer Assembly (Thru-Hull/Transom)			
Interface Cables & NMEA 2000 Networking			
Labor: Hull Drilling & Transducer Mounting			
Labor: Systems Integration & Calibration			

Description	Qty/Hrs	Unit Price	Total
Sea Trial & Performance Testing			

Subtotal:$_____
Tax (___%):$_____

Total Amount:$_____

Payment Terms: Net 30 days. Please include invoice number on check or transfer.
Warranty: 12-month installation warranty on labor. Equipment covered by manufacturer warranty.