

INVOICE

Company Name
Street Address
City, State, Zip

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

Project Site / Shipping:

Description (Model/Type)	Qty	Wattage (Wp)	Unit Price	Amount
Bifacial Solar Module Cell Type: Monocrystalline Bifaciality Factor: ____%				
Mounting Hardware (Bifacial Optimized)		-		
Shipping & Handling		-		

Subtotal: \$ _____
Tax: \$ _____

Total Amount: \$ _____

Payment Terms: _____

Notes: All bifacial gain estimates are based on site albedo. Physical panel dimensions:
_____ mm x _____ mm.