

# SOLAR RACKING & MOUNTING

[Business Name]  
[Street Address]  
[City, State, Zip]  
[Phone/Email]

## INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

### BILL TO:

[Client Name]  
[Client Address]  
[City, State, Zip]

### PROJECT SITE:

[Project Name/Ref]  
[Installation Address]  
[Roof Type / System Size]

Description (Racking Components/Labor)	Qty/Hrs	Unit Price	Amount
Rails & Splices (e.g., XR100/XR1000)			
Roof Attachments (L-Feet, Flashing, Tile Hooks)			
Clamps (Mid-clamps, End-clamps)			
Grounding & Wire Management			
Installation Labor (Racking & Mounting)			

Subtotal: \$ \_\_\_\_\_  
Sales Tax: \$ \_\_\_\_\_

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**Total Due: \$** \_\_\_\_\_

**Terms:** Net [30] Days. Please make checks payable to [Business Name].

Thank you for your business!