

INVOICE

Thin Film Solar Solutions Inc.

Invoice #: [0000]

Date: [YYYY-MM-DD]

Vendor Information:

[Street Address]

[City, State, Zip]

[Tax ID / VAT]

Client Information:

[Client Name]

[Installation Site Address]

[Project Reference]

Description	Quantity	Unit Price	Total
CIGS Flexible Thin Film Module (Roll/Panel)	[0]	\$0.00	\$0.00
Charge Controller / Inverter Interface	[0]	\$0.00	\$0.00
Adhesive Backing & Mounting Hardware	[0]	\$0.00	\$0.00

Description	Quantity	Unit Price	Total
Wiring & Connector Kits (MC4 Compatible)	[0]	\$0.00	\$0.00

Subtotal: \$0.00

Tax (0%): \$0.00

Shipping: \$0.00

Total Due: \$0.00

Payment Terms: Net 30. Please include invoice number on wire transfers.

Warranty: Performance guarantee subject to standard thin-film degradation curves as specified in technical data sheets.