

INVOICE

[Security Company Name]

[License #]

[Phone Number]

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

[Client Name]

[Address]

[City, State, Zip]

SITE LOCATION:

[Site Address / Account ID]

Description of Service	Period	Qty	Rate	Amount
Monthly Monitoring Service	[Mth/Year]	1	\$0.00	\$0.00
Annual Maintenance Inspection	-	1	\$0.00	\$0.00
[Equipment Repair/Replacement]	-	-	-	\$0.00

Subtotal: \$0.00

Tax: \$0.00

TOTAL DUE: \$0.00

Notes:

Payment due within [X] days. Please make checks payable to [Company Name].

System Status: Operational / Requires Follow-up