COMPANY NAME

INVOICE

PHONE

EMAIL

BUSINESS LICENSE #

INSURED / BONDED BY

INVOICE #

DATE

DUE DATE

BILL TO

CLIENT NAME

PHONE / EMAIL

SERVICE ADDRESS

STREET / CITY / ZIP

BEDS / BATHS / SQUARE FEET

SERVICE DATES OR BILLING PERIOD

SERVICES

#	SERVICE (CLEAN, ADD-ON, OR SUPPLIES)	QTY	UNIT PRICE	AMOUNT
1				
2				
3				
4				
5				
6				
7				
8				

Subtotal

Tax

Tip (optional)

Amount paid

Balance due

PAYMENT TERMS

Visits: one-time / weekly / biweekly / monthly

Late cancel or lockout fee: _____

Pay by: cash / check / card / transfer (circle)

Late payment fee: _____

NOTES

Thank you for your business.

Payment is due by the due date above. Questions about this invoice? Use the phone or email in the header.

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