

SERVICE INVOICE

# Your company name

Your company address

Phone: #

Your company email

City, State, Zip code

Fax: #

Your company website

Invoice No.:

Invoice Date:

Date Due:

**Bill To:** Client company name

**Phone:**

**Address:** Client company address

**Fax:**

**Email:**

**Contact:**

DATE	DESCRIPTION	RATE PER UNIT	UNITS	FLAT FEE	DISCOUNT	TOTAL
mm.dd.yyyy	item 1	\$0,00	1		\$0,00	\$0,00
mm.dd.yyyy	item 2	\$0,00	1			\$0,00
mm.dd.yyyy	item 3		1	\$0,00		\$0,00

Invoice Subtotal \$0,00

Make all checks payable to Your company name.

Deposit Amount \$200,00

Total due in <#> days. Overdue accounts subject to a service charge of <#>% per month.

**Total** **-\$200,00**

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