INVOICE

YOUR BUSINESS NAME

Street address

City, State ZIP

Phone

Email

Website / license #

Invoice #

Invoice date

Due date

Payment terms

BILL TO

Customer name

Billing address

City, State ZIP

Phone

Email

Customer / account #

JOB DETAILS

Project / job	PO #

Description	Qty	Rate	Amount

PAYMENT METHODS ACCEPTED

- ☐ Cash
- ☐ Check
- ☐ Card
- ☐ Bank transfer (ACH)
- ☐ Zelle
- ☐ Venmo
- ☐ Other

Pay to / payment details

Subtotal	
Discount	
Tax rate (%)	
Tax	
Total	
Paid / deposit	
Balance due	

TERMS & NOTES

Payment due within 30 days. Thank you for your business.

NOTES

Thank you for your business.

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