FIELD PROMAX | INVOICE

fieldpromax.com | Field Service Management Software

FROM

Your Company Name
Street Address, City, State ZIP
Phone: (000) 000-0000
Email: info@yourcompany.com
License #: _____

Invoice #	INV-____
Date	__/__/____
Due Date	__/__/____
Work Order #	WO-____

BILL TO

Customer Name:	
Billing Address:	
Service Address:	
Phone:	
Email:	

SERVICES PERFORMED

Description	Qty	Unit Price	Tax	Total

Subtotal	$
Tax	$
TOTAL DUE	**$**

PAYMENT TERMS

Due Date:	
Accepted Methods:	Card | ACH | Check | Cash
Late Fee:	1.5% per month on overdue balance

WARRANTY & NOTES

Parts Warranty:	
Labor Warranty:	
Technician Notes:	

Customer Signature

Date: _____

Technician Signature

Date: _____