FIELD PROMAX | HVAC INSTALLATION INVOICE

New Installation & System Replacement | fieldpromax.com

FROM

Your Company Name

Address | Phone | License # | EPA 608 Cert #

Invoice #	INV-____
Install Date	__/__/____
Permit #	
AHRI Match #	

CUSTOMER & JOB SITE

Customer Name:	
Billing Address:	
Installation Address:	
Phone / Email:	

EQUIPMENT REMOVED

Equipment Type	Make / Model	Serial #	Disposal Notes
Outdoor Unit			Recycled / Removed
Indoor Unit / Air Handler			

NEW EQUIPMENT INSTALLED

Equipment	Make / Model #	Serial #	SEER / SEER2	Qty
Outdoor Condenser				1
Indoor Air Handler				1

Thermostat			N/A	1
Refrigerant Type / Factory Charge				

Line-set Length:	_____ ft | Diameter: _____ in.
Refrigerant Added:	_____ lbs | Type: _____

COST BREAKDOWN

Line Item	Amount	Total
Outdoor Unit	$	$
Indoor Unit / Air Handler	$	$
Thermostat	$	$
Line-set & Fittings	$	$
Labor & Installation	$	$
Permit / Inspection	$	$
Disposal / Haul-away	$	$
Tax	$	$
Deposit Received	-$	
	BALANCE DUE	**$**

WARRANTY TERMS

Warranty Type	Duration	Coverage
Compressor (Mfr.)		Parts only
Parts (Mfr.)		Parts only
Labor (Your Company)	1 year	Labor on installed work

Warranty Start Date: _____ | Registration Due Date: _____

Customer Signature

Lead Technician Signature

Thank you! Manage your system history and schedule service at fieldpromax.com