YOUR BUSINESS NAME

COMPANY ADDRESS

WEBSITE

PHONE

*INVOICE TO*

**CUSTOMER NAME**

STREET ADDRESS

CITY, STATE/PROVINCE, ZIP/POST CODE

COUNTRY

**ATTENTION TO: CONTACT PERSON**

|  |  |
| --- | --- |
| **INVOICE** | |
| INVOICE NO# | 1001 |
| DATE | 21/08/2013 |
| YOUR REF# |  |
| CREDIT TERMS | 30 DAYS |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DESCRIPTION** | **QUALITY** | **UM** | **UNIT PRICE** | **AMOUNT** |
| PAINTING ALL WALLS AND CEILING FOR WHOLE HOUSE.  INCLUDES ALL WALL AND CEILING SURFACE PREPARATION |  |  |  |  |
| SUPPLIES: |  |  |  |  |
| WALL PAINT |  |  |  |  |
| CEILING PAINT |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  | SUBTOTAL | | $ |
|  |  | TAX | | $ |
|  |  | INVOICE TOTAL | | $ |
|  |  | AMOUNT PAID | |  |
|  |  | BALANCE DUE | | $ |

**THANK YOU FOR YOUR BUSINESS**

COMMENTS