***PAINTING***

***INVOICE***

|  |  |  |
| --- | --- | --- |
| **BILL FROM** | **BILL TO** | **INVOICE NO.** |
| NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_  COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_  STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_  CITY, ST ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_  PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_  COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_  STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_  CITY, ST ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_  PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | INVOICE DATE: \_\_\_\_\_\_\_\_\_\_\_  DUE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **DESCRIPTION OF WORK** | **QUANTITY** | **PRICE ($)** | **TOTAL ($)** |
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|  |  |  |  |
| SUBTOTAL |  |
| SALES TAX |  |
| OTHER |  |
| TOTAL |  |

**TERMS & CONDITIONS**

PLEASE SEND PAYMENT WITHIN \_\_\_\_\_\_\_\_\_\_\_\_DAYS OF RECEIVING THIS INVOICE. THERE WILL BE A \_\_\_\_\_\_\_\_\_\_% PER \_\_\_\_\_\_\_\_\_\_ ON LATE INVOICES.

***THANK YOU FOR YOUR BUSINESS***