CARPET CLEANING INVOICE

CARPET CLEANING COMPANY

Business name _____

Address _____

Phone / email _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Work order no. _____

BILL TO (CUSTOMER)

Customer name _____ Phone / email _____

Service address _____

VISIT

Service date _____ Carpet _____

Method _____

ROOMS AND AREAS

Item	Details	Qty	Unit	Rate	Amount

Rooms subtotal _____

TREATMENTS AND ADD-ONS

Item	Details	Qty	Unit	Rate	Amount

Add-ons subtotal _____

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal _____

Sales tax, if applicable (_____%) _____

Amount due _____

SERVICE NOTES

_____

_____

Please quote the invoice number with your payment.