PRESSURE WASHING INVOICE

PRESSURE WASHING 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 _____

PROPERTY

Home _____

Surfaces _____ Service date _____

Water source _____

SURFACES WASHED

Surface	Details	Area	Unit	Rate	Amount

Washing subtotal

SEALING

Surface	Details	Area	Unit	Rate	Amount

Sealing 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.