[Company Name]

[Company 5 is gand

[Stress Address] [City, ST ZIP]

Phone: [000-000-0000] Fax: [000-000-0000]

DILLTO

[Mame]

[Company Name]
[Stress Address]
[City: SI ZIP]
[Please]

INVOICE

DATE
INVOICE #
Customer ID

[1271072010 [12345 f] [123]

| DES CRIPTION | TAMED | . A | THUOLL |
|---|-------------------------|----------|---------------------------|
| [Service Fee] | | 1 | 230.00 |
| [Labor:) hours at \$70/ht] | | | 315110 |
| [Parts] | X | | 345.00 |
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| | Subtetal. | 5 | 950.00 |
| | Subtetal Lazable | 3 | 950.00 3 4 5.00 |
| | | | |
| OTHER COMMENTS 1. Total psymout dwo in 30 days | Iamable | | 345.00 |
| | I are ble I are rate | \$ | 345.00 6.250% |

Hyere have any quastions also us this invoice, please constant [Name, Phone #, E-mani]

Thank You For Your Business!

[Your Company Hame]