

# CMS Electricals

<ADDRESS>  
<PHONE NUMBER>  
<EMAIL ADDRESS>  
<WEBSITE>

# INVOICE

DATE

INVOICE NO.

Payment due on \_\_\_\_\_.

**BILL TO**

<CLIENT NAME>  
<CLIENT ADDRESS>  
<CLIENT PHONE NUMBER>  
<CLIENT EMAIL>

If you're happy with your service today, please take a minute to visit us at <Website> and leave a review!

DESCRIPTION	QTY	UNIT PRICE	APPLY TAX	TOTAL
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00

**Payment Instructions:** Please send payment to the address listed above within \_\_ days of receiving this invoice. There will be a \_\_ fee added to late invoices.

SUBTOTAL	0.00
DISCOUNT	0.00
SUBTOTAL LESS DISCOUNT	0.00
TAX RATE	0.00%
TOTAL TAX	0.00
SHIPPING/HANDLING	0.00

Balance Due	\$ -
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Company Signature

Client Signature