

INVOICE

NAME			DATE	
ADDRESS			PHONE	
		APARTMENT	DATE PROMISED	
MAKE	MODEL NO.	SERIAL NO.	INSTALLATION DATE	
NATURE OF SERVICE			<input type="checkbox"/> ESTIMATE <input type="checkbox"/> CASH <input type="checkbox"/> WARRANTY <input type="checkbox"/> CHARGE <input type="checkbox"/> CONTRACT <input type="checkbox"/> COD	
QTY	DESCRIPTION		PRICE	AMOUNT
COMMENTS:			TOTAL MATERIALS	
			DATE COMPLETED	TAX
TECHNICIAN:			TOTAL	