CARPET CLEANING INVOICE

Date: _____
Invoice # _____

From

Name _____
Address _____
City. State, Zip _____
Phone _____
Fax _____
E-mail _____

To

Name _____
Address _____
City. State, Zip _____
Phone _____
Fax _____
E-mail _____

Salesperson	Job	Payment Terms	Due Date

QTY	Description	Unit Price	Line Total
		Subtotal	
		Sales Tax	
		Total	

Make all checks payable to _____

Thank you for your business!