**CLEANING INVOICE**

|  |  |  |
| --- | --- | --- |
| Bill From**[Name]****[Company Name]** **[Street Address]****[City, State,Zip Code]****[Phone]** | Bill To**[Name]****[Company Name]** **[Street Address]****[City, State,Zip Code]****[Phone]** | Invoice No.: #00000001**Invoice Date: [Date]****Due Date: [Date]** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Items** | **Quantity** | **Price** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Subtotal |  |
| Shipping  |  |
| **Total** |  |

**Terms and Conditions**

**Thank you for your business. Please send payment within \_\_\_\_\_\_ days of receiving this invoice. There will be a \_\_\_\_\_\_% per \_\_\_\_\_\_ on late invoices.**

**Please Choose a Payment Type**

**Credit Card**

**☐ Visa ☐ MasterCard ☐ Discover ☐ American Express**