

[Your Company Logo]

Company Name
Street Address, City, State ZIP
Phone · Email · Website
License #: _____ · Insured: General Liability

INVOICE

Invoice #: _____
Billing period: _____ (e.g. month of _____)
Invoice date: _____
Payment due date: _____ (15 days standard)

BILL TO

Name: _____
Address: _____
Phone: _____
Email: _____

PROPERTY / BODIES OF WATER

Property address: _____
Body of water: ☐ Pool ☐ Spa ☐ Hot tub
Gate code / access notes: _____

Invoice details (should match the service agreement — no surprise charges)

Description	Qty	Unit	Rate	Amount
Weekly pool service — ____ visits this period		ea.	\$ _____	\$ _____
Filter clean		ea.	\$ _____	\$ _____
Salt cell / equipment clean		ea.	\$ _____	\$ _____
Green-to-clean / one-time recovery		ea.	\$ _____	\$ _____
Equipment repair (write in, pre-approved): _____			\$ _____	\$ _____
Subtotal				\$ _____
Tax (if applicable): _____				\$ _____
TOTAL DUE				\$ _____

Payment

Amount due: \$ _____
Due date: _____ (15 days from invoice date, standard — adjust per your own terms)
Accepted payment methods: ☐ Cash ☐ Check ☐ Card ☐ ACH/bank transfer ☐ Online payment link
Late payment: a late fee of _____% may apply to balances unpaid after the due date (state your own policy — this line is optional).

Thank you for your business. Please remit payment by the due date above.
Questions about this invoice? Contact us at [Phone] or [Email].

[Company Name] · [Phone] · [Email] · [Website] · License #: [_____]
[Company Name] carries general liability insurance. A Certificate of Insurance (COI) is available on request.

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