**SERVICES INVOICE **

|  |  |  |
| --- | --- | --- |
| **YOUR LOGO** |  | INVOICE |
| Company Name |  |  | **DATE OF INVOICE** |
| 123 Main Street |  |  |  |
| Hamilton, OH 44416 |  |  | **INVOICE NO.** |
| (321) 456-7890 |  |  |  |
| Email Address |  |  | **DATE DUE** |
|  |  |  |  |
| **CUSTOMER NAME** |  |  | **AMOUNT** |
| ATTN: Name / Department |  |  |  |
| Company Name |  |  |  |
| 123 Main Street |  |  |  |
| Hamilton, OH 44416 |  |  |  |
| (321) 456-7890 |  |  |  |
| Email Address |  |  |  |

|  |  |
| --- | --- |
| **DESCRIPTION** | **AMOUNT** |
|  |  |
| **TOTAL** |  |

|  |
| --- |
| *Please make check payable to* Your Company Name. |
| THANK YOU |
|  |  |  |  |
| *For questions concerning this invoice, please contact* |
| Name, (321) 456-7890, Email Address |
| www.yourwebaddress.com |

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