

Refrigerant (R-____, ____ lb) ____ \$____ \$____

HVAC INVOICE TEMPLATE

Tip / dispatch fee 1 \$____ \$____

Subtotal: \$____

Sales tax (____%): \$____

Deposit / paid: (\$____)

TOTAL DUE: \$____

PAYMENT TERMS

Net 30 days. Make checks payable to [YOUR COMPANY NAME].

Late payments subject to 1.5% monthly service charge.

Accepted: check, ACH, Visa / Mastercard / Discover / AmEx.

WARRANTY

Labor warranted 90 days. Parts per manufacturer warranty.

Refrigerant recovery / recharge per EPA Section 608.

Customer signature / date: _____

Tech signature / date: _____

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