

# DUCT CLEANING & MOLD ABATEMENT

**YOUR COMPANY NAME HERE**  
 STREET ADDRESS  
 CITY, STATE ZIP  
**PHONE 123-456-7890**

CUSTOMER _____  STREET _____  CITY _____  STATE _____ ZIP _____  PHONE _____	INVOICE DATE _____  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">COD</td> <td style="width: 33%; text-align: center;">CREDIT</td> <td style="width: 33%; text-align: center;">CHECK #</td> </tr> </table> Make of Unit: _____  Model # _____  Serial # _____	COD	CREDIT	CHECK #
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QTY	DESCRIPTION	PRICE	AMOUNT
	Branch Runs		
	Supply Trunk Line (up to 50 feet)		
	Return Trunk Line (up to 50 feet)		
	Anti-bacterial Fogging		
	Clean Dryer Vent		
	Clean and Check Unit		
	Video Inspection		
	Registers Cleaned		
	Electrostatic Filter		
		Sub Total	
		<b>TOTAL</b>	



**CREDIT CARD NO.** \_\_\_\_\_

**CVV#** \_\_\_\_\_

**APP. CODE** \_\_\_\_\_

**COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SERVICE TECHNICIAN SIGNATURE \_\_\_\_\_

SIGNATURE \* \_\_\_\_\_ DATE \_\_\_\_\_

*\* I hereby acknowledge the satisfactory completion of the above described work.*