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**ANNUAL FACILITY MAINTENANCE
BILLING STATEMENT**

STATEMENT NO.	
DATE	
CUSTOMER ID	

CUSTOMER / BILL TO

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FACILITY / SERVICE LOCATION

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DESCRIPTION OF MAINTENANCE SERVICES	SERVICE PERIOD	QTY	UNIT RATE	TOTAL AMOUNT
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PAYMENT TERMS & INSTRUCTIONS

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SUBTOTAL

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TAX / VAT _____

OTHER / ANNUAL
DISCOUNT _____

TOTAL DUE

Authorized Representative Signature

Client Acceptance Signature

Thank you for your valued business and partnership in facility preservation.