

INVOICE

Invoice No: _____
Date: _____
Due Date: _____

Billed To

Client Name: _____
Company: _____
Address: _____
Email/Phone: _____

Screening Details

Applicant Name: _____
Reference No: _____
Credit Bureau: _____
Request Date: _____

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: _____
Tax / Fee: _____
Total Due: _____

Authorized Signature

Date

Thank you for your business.

