DRAIN SERVICE

THIS IS YOUR INVOICE

❑ Main ❑ Kitchen ❑ Bath(s) ❑ Bath Tub ❑ Shower ❑ Washer

DESCRIPTION

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

❑ Cash ❑ Check ❑ MC ❑ Charge **TOTAL** _____

I or We hereby agree to pay stated bill upon completion of work and hereby grant an express mechanics lien on below named property to guarantee payment of stated sum of bill.

DATE _____ _____

Authorized Agent

Name _____

Address _____

City _____ State _____ Zip _____

Owner _____

Serviceman _____

Cust. Phone _____ Mileage _____