Invoice

Invoice Number:	
Date:	
Order Number:	
Terms:	
l	
Company:	
Address:	
State/Province:	
Zip/Postal code:	
•	
Phone:	
Fax:	
Contact Name:	



Security One Patrol Service, Inc

2550 Palm Bay Road N.E , Ste 212 Palm Bay, FL 32905 Tel: (888) 366-5452 Fax: (888) 622-8780

www.securityonepatrolservice.com License Number 0000000000

Item	Description	Quantity/Hours	Rate	Amount
Comments:			Sub-total	
			Grand Total	

Thank You. We appreciate your business.

Internal Use Only

Amount Paid:	
Date:	