|  |  |  |
| --- | --- | --- |
| [order] |  | **Invoice No.: [number]** |

## *INVOICE*

|  |  |  |
| --- | --- | --- |
| Customer Name [company]  Address [street]  City [city] State [state] Zip [zip]  Phone [phone] |  | Date [date]  Order No. [order-number]  Rep [name]  FOB |

| **Qty** | **Description** | Unit Price | **Total** |
| --- | --- | --- | --- |
| [item][quantity] | [description] | [unit] | [total] |
| :forEach] |  | Sub Total | [subtotal] |
|  |  | Shipping | [shipping] |
|  |  | State Taxes | [state-taxes] |
|  |  | Local Taxes | [local-taxes] |
|  |  | **Total** | [total] |
|  |  |

#### Payment Details

 Cash

 Check

 Credit Card

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CC# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_

* Payment due within [days] days of invoice date.
* Please include invoice copy with payment.
* Questions? Please call 303-499-2544.

## 

Thank you – we appreciate your business

:forEach]