

# INVOICE

To [Name]  
[Company Name]  
[Street Address]  
[City, ST ZIP Code]  
[Phone]  
Customer ID [ABC12345]



[Your Company Name]  
[Your Company Slogan]

[Street Address],  
[City, ST ZIP Code]  
Phone  
[000.000.0000]  
Fax  
[000.000.0000]  
Email@gmail.com

INVOICE # 100  
DATE:  
01/02/2020

Make all checks payable to [Your Company Name]

THANK  
YOU FOR  
YOUR  
BUSINESS!

SALESPERSON		JOB	PAYMENT TERMS	DUE DATE
Due on receipt				
QTY	DESCRIPTION		UNIT PRICE	LINE TOTAL
1	It's like the props in a furniture store		\$55.00	\$55.00
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			SUBTOTAL	\$2345.00
			SALES TAX	5.00%
			TOTAL	\$23456