SALES ORDER

Date: [Enter a date] Invoice # [100]

[Your Company Name] [Street Address] [City, ST ZIP Code] [Phone] Fax [000.000.0000] [e-mail]

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

Salesperson	Job	Shipping Method	Shipping Terms	Delivery Date	Payment Terms	Due Date
					Due on receipt	

[Name]

[Phone]

Qty	Item#	Description	Unit Price	Discount	Line Total
			Total Discount		
	Subtotal				
				Sales Tax	
				Total	

YOUR LOGO HERE

Make all checks payable to [Your Company Name]

Thank you for your business!

[Your company slogan]