

Date

Invoice No. 1234

To
Name
Street Address
City, ST ZIP Code

Ship To
Same as recipient

Instructions
Delivery Instructions

Quantity	Description	Unit Price	Total
Subtotal			
Sales Tax			
Shipping & Handling			
Total Due			

Due upon receipt
Thank you for your business!

Company

Tel Telephone	Street Address	Website	replace with LOGO
Fax Fax	City, ST ZIP	Email	