|  |  |  |
| --- | --- | --- |
| (Seller Name)  Address:    Tel.:  Fax:  Email: |  | **INVOICE** |
| Date:  Invoice Number:  Account no: | |

|  |  |  |
| --- | --- | --- |
| **Billing Address**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Attn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Delivery Address**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Attn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Shipping Date: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **Description** | **Quantity** | **Unit Price** | **Total** |
| --- | --- | --- | --- |
|  |  | $ | $ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Subtotal** |  | **$\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **Sales Tax** | @**\_\_\_\_\_\_\_\_\_\_%** | **$\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **Shipping**  **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Discount)** |  | **$\_\_\_\_\_\_\_\_\_\_\_\_   $\_\_\_\_\_\_\_\_\_\_\_\_   ($\_\_\_\_\_\_\_\_\_\_\_\_)** |
|  | **Total Amount Payable** |  | **$\_\_\_\_\_\_\_\_\_\_\_\_** |

**Payment Terms:**

Please make payment by one of the following methods: (Check all that apply)

Cash

Personal check

Cashier's check

Money order

Credit or debit card

PayPal

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total amount is due (Check one) \_\_\_\_\_\_\_\_\_\_ days from the date of this invoice  on or before \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_  N/A.

**Notes:** {note}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_