[Your Company Name]

[Your Company Slogan]

[Address] [Town, County Postal Code] Phone [01234 567890] Fax [01234 567890] INVOICE

INVOICE No [100] DATE: 9 October, 2011

Billing Address: [Name] [Company] [Address] [Town, County Postal Code] [Phone] Delivery Address: [Name] [Company] [Address] [Town, County Postal Code] [Phone]

Comments or special instructions.

SALESPERSON	P.O. NUMBER	SENT DATE	SENT VIA	F.O.B. POINT	TERMS
STATISTICS CONTROL OF THE		Decrease construction of	557000000000000000000000000000000000000	Processing and a second	Due on receipt

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
		SURTOTAL SALES TAX P&P TOTAL DUE	

Make all cheques payable to [Your Company Name]
If you have any questions concerning this invoice, contact [Name, Phone Number, E-mail]

THANK YOU FOR YOUR BUSINESS!