

INVOICE

INVOICE # 123456789
Date: 1/1/2010

Company Name
Primary Business Address
Address 2
Phone: 555-555-5555
Fax: 555-555-5555
E-mail: someone@example.com



Ship To:
Name
Title
Primary Address
Address 2
Phone: 555-555-5555
Fax: 555-555-5555
E-mail: someone@example.com

Bill To:
Name
Title
Primary Address
Address 2
Phone: 555-555-5555
Fax: 555-555-5555
E-mail: someone@example.com

P.O. #	Shipped Date	Ship Via	Terms	Due Date

Product ID	Description	Quantity	Unit Price	Line Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Note
1. Note 1
2. Note 2
3. Note 3

Total Due:	
Paid:	
Total:	
Tax:	
Processing Fees:	
Subtotal:	

THANK YOU FOR YOUR BUSINESS

Please do check a payable to [Your Company Name]