

[Your Company Slogan]

[City, ST ZIP Code]

Phone (504) 555-0140 Fax (504) 555-0141

TO:

[Name]

[Company Name]

[Street Address]

[City, ST ZIP Code]

[Phone]

SHIP TO:

[Name]

[Company Name]

[Street Address]

[City, ST ZIP Code]

[Phone]

COMMENTS OR SPECIAL INSTRUCTIONS.

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DATE: OCTOBER 2, 2011

SALESPERSON	P.O. NUMBER	REQUISITION#	SHIPPED VTA	F.O.B. POINT	TERMS

[illegible]

Make all checks payable to [Your Company Name]

Payment is due within 30 days.

If you have any questions concerning this invoice, contact [Name, phone number, e-mail]

Thank you for your business!