[Your Company Name]

[Your Company Slogan]

[Address]
[Town, County, Postal Code]
Phone (01251 55 7890) Fax (01251 55 7890)

INVOICE

INVOICE No. [#]
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
					Due on receipt

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
		SUBTOTAL	
		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!