[Your Company Name]

(Your Company Slogan)

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

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

Delivery Address: [Namo] [Company] [Address]

Town, County Postal Code

INVOICE

DATE: 9 October, 2011

INVOICE No [100]

Comments or special instructions.

TERMS	F.O.B. POINT	SENT VIA	SENT DATE	P.O. NUMBER	SALESPERSON
Due on receipt	1.1100030000000000000000000000000000000		100000000000000000000000000000000000000		A second

THUOMA	UNIT PRICE	DESCRIPTION	QUANTITY
	SUBTOTAL SALES TAX PAP 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!