[Company Name]

[Company Tagline]

[Street Address]
[City, ST ZIP]
Phone [000-000-0000]
Fax [000-000-0000]

INVOICE

DATE [illegible]
INVOICE # [12345]
Customer ID [123]

BILL TO
[Name]
[Company Name]
[Street Address]
[City, ST ZIP]
[Phone]

DESCRIPTION	TAXED	AMOUNT
[Service Fee]		550.00
[Labor > Items at X/Hr]		300.00
[Part]	X	345.00

Subtotal	$	950.00
Taxable	$	345.00
Tax rate		6.750%
Tax due	$	23.29
Other	$	-
TOTAL Due	$	973.29

OTHER COMMENTS
1. Total payment due in 30 days
2. Please include the invoice number on your check

Make all checks payable to
[Your Company Name]

If you have any questions about this invoice, please contact
[Name, Phone #, E-mail]

Thank You For Your Business!

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