[Your Company Name]

[Your Company Slogan]

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

INVOICE

INVOICE# No [100]
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	SHIP DATE	SHIP 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!