

Company _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

Email: _____

INVOICE

Bill To _____ _____ _____ Attention : _____	Deliver To _____ _____ _____ Attention : _____	Invoice No # _____ Date : _____ Your Ref # _____ Our Ref # _____ Terms : _____
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Description	Quantity	Unit Price	Amount
Comments & Instructions: _____		Sub Total	
		Tax	
		Freight	
		Total	

Terms & Conditions:

- Please make all checks payable to: _____