PLACE LOGO HERE,
OTHERWISE DELETE BOX

Invoice: 5555
Month Day Year

Company Name Here
5555 Street Address
Suite 555
City, State 55555
Phone: 555 555 5555
Fax: 555-555-5555
www.yoursite.com

TO:
Company Name Here
5555 Street Address
Suite 555
City, State 55555
Phone: 555-555-5555
Fax: 555-555-5555

SHIP TO:
Company Name Here
5555 Street Address
Suite 555
City, State 55555
Phone: 555-555-5555
Fax: 555-555-5555

Sales Rep.	P.O. Number	Ship Date	Ship Via	FOB	Terms

Quantity	Description	Unit Price	Total

Make all checks payable to YOUR COMPANY NAME
THANK YOU FOR YOUR BUSINESS!