

INVOICE

INVOICE No [100]
DATE: 9 October 2011

[Your Company Name]

Yon Company Store

Phone (01753) 868801 Fax (01753) 868800
[Town/Country Postal Code]
[Address]

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

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

Comments or special instructions:

SALSPERSON	P.O. NUMBER	SENT DATE	SENT VIA	F.O.B. POINT	TERMS
					Due on receipt

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	SUBTOTAL		
	SALES TAX		
	P&P		
	TOTAL DUE		

Make all checks payable to [Your Company Name]
If you have any questions concerning this invoice, contact [Name, Phone Number, E-mail]

THANK YOU FOR YOUR BUSINESS!