



Company Name
Primary Business Address
Address 2
Phone: 555-555-5555
Fax: 555-555-5555
E-mail: someone@example.com

INVOICE

Date: 1/1/2010
INVOICE # 00000000

Bill To:

Name
Title
Primary Address
Address 2
Phone: 555-555-5555
Fax: 555-555-5555
E-mail: someone@example.com

Ship To:

Name
Title
Primary Address
Address 2
Phone: 555-555-5555
Fax: 555-555-5555
E-mail: someone@example.com

P.O. #	Shipped Date	Ship Via	Terms	Due Date

Product ID	Description	Quantity	Unit Price	Line Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Note:

- Note 1
- Note 2
- Note 3

Subtotal:	
Processing Fees:	-
Taxes:	
Total:	
Paid:	-
Total Due:	

Make all checks payable to [Your Company Name]

THANK YOU FOR YOUR BUSINESS

[Your Company Name]

[Street Address]

[City, ST ZIP Code]

Phone [000-000-0000]

Fax [000-000-0000]

E-mail