

Your Company Name

Your Company Street

Address

City, State ZIP

Phone: 323.456.7890 Fax: 323.456.7890

INVOICE

DATE: 5/5/2000

INVOICE # 100

Bill To:

Name

Company

Address

City, State ZIP

Phone

Ship To:

Name

Company

Address

City, State ZIP

Phone

Comments or Special Instructions: None

SALE DESCRIPTION	P.O. NUMBER	DEPT DATE	DEPT VIA	P.O.D. FORM	TERMS
					Due on receipt

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
10	10	\$ 100.00	\$ 1,000.00
SUBTOTAL			\$ 1,000.00
TAX RATE			0.00%
SALES TAX			0.00\$00
SHIPPING & HANDLING			-
TOTAL			\$ 1,000.00

Must be paid in full to Your Company Name

If you have any questions concerning this invoice, contact name, phone number, address

THANK YOU FOR YOUR BUSINESS!