[Company Name]

[Company Slogan]

[Stress Address]
[City, ST ZIP]
Phone: [000-000-0000]
Fax: [000-000-0000]

BILL TO:

[Name]
[Company Name]
[Stress Address]
[City, ST ZIP]
[Phone]

DJ INVOICE

DATE:	5/29/15
INVOICE #	[123456]
Customer ID	[123]

DESCRIPTION	AMOUNT

SUBTOTAL	$ -
TAX RATE	0.000%
TAX	$ -
OTHER	$ -
TOTAL	$ -

OTHER COMMENTS
1. Total payment due in 30 days
2. Please include the invoice number on your check.

Make all checks payable to
[Your Company Name]

If you have any questions about this invoice, please contact
[Name, Phone #, E-mail]