

INVOICE

INVOICE # 100
DATE: 1/1/2000

Your Company Name
Your Company Address

Address
City State Zip
Phone 123-456-7890 Fax 123-456-7891

Ship To:
Name
Company
Address
City State Zip
Phone

Bill To:
Name
Company
Address
City State Zip
Phone

Comments or special instructions: none

SALES PERSON	P.O. NUMBER	SHIP DATE	SHIP VIA	P.O.D. POINT	TERMS
					Due on receipt

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
10	10	\$ 183.00	\$ 1,830.00
SUBTOTAL			\$ 1,830.00
TAX RATE			\$ 0.00
SALES TAX			\$ 0.00
SHIPPING & HANDLING			-
TOTAL			\$ 1,830.00

It is requested that you check payment to your company name. Please contact your office for more information. Thank you for your business.

THANK YOU FOR YOUR BUSINESS!