

[Your Company Name]

[Your Company Slogan]

[Address]

[Town, County, Postal Code]

Phone [01234 567890] Fax [01234 567890]

INVOICE

INVOICE No. 100

DATE: 9 October, 2011

Billing Address:

[Name]

[Company]

[Address]

[Town, County, Postal Code]

[Phone]

Delivery Address:

[Name]

[Company]

[Address]

[Town, County, Postal Code]

[Phone]

Comments or special instructions:

| SALESPERSON | P.O. NUMBER | SENT DATE | SENT VIA | P.O.D. POINT | TERMS |
|-------------|-------------|-----------|----------|--------------|----------------|
| | | | | | Due on receipt |

| QUANTITY | DESCRIPTION | UNIT PRICE | AMOUNT |
|----------|-------------|------------|--------|
| | | | |

SUBTOTAL

SALES TAX

R&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!