## **Your Company Name**

INVOICE

Four Company Stages

Street Address City, ST ZIP Cade Phane 405.555.0190 Fax 405.555.0191 DATE: October 11, 2004
INVOICE # 100
FOR: Fraince processing

Bill Te:

Name Company Name Street Address City, ST ZIP Code Phone

DESCRIPTION	- 5	AHOUNT
	TOTAL	s -

Make all checks payable to Tour Company Home If you have any questions concerning this invoice, contact Name, Phone Number, E-mail