

Company _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____ Email: _____

INVOICE

Bill To _____ _____ _____ _____ Attention: _____	Deliver To _____ _____ _____ _____ Attention: _____	Invoice # _____ Date: _____ Your Ref # _____ Our Ref # _____ Terms: _____
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Description	Quantity	Unit Price	Amount
Comments & Instructions: _____			Sub Total
			Tax
			Freight
			Total

Terms & Conditions:

- Please make all checks payable to: _____