|  |  |
| --- | --- |
| Safest Solutions Group |  |
| DATE  Date | INVOICE NO  Number |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your Company Name  Street Address  City, ST ZIP Code  Phone  Fax: Fax  Email | INVOICE TO: | Name  Company Name  Street Address  City, ST ZIP Code  Phone  Customer ID: ID | SHIP TO: | Name  Company Name  Street Address  City, ST ZIP Code  Phone  ID |

| SALESPERSON | Job | SHIPPING METHOD | SHIPPING terms | delivery DATE | Payment Terms | Due Date |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Due on Receipt |  |  |

| Quantity | item # | Description | unit price | discount | Line Total |
| --- | --- | --- | --- | --- | --- |
| Product |  | Product description |  | $Amount | $Amount |
| Product |  | Product description |  | $Amount | $Amount |
| Product |  | Product description |  | Amount | $Amount |
| Product |  | Product description |  | $Amount | $Amount |

| Total Discount |  |  |
| --- | --- | --- |

| Subtotal |  |
| --- | --- |
| Sales Tax |  |
| **Total** |  |