[Company Name]

INVOICE

[Street Address] [City, ST ZIP]

Phone: (000) 000-0000

INVOICE#	DATE		
2034	5/1/2014		
CUSTOMERID	TERMS		
564	Net 30 Days		

BILL TO

[Name]

[Company Name] [Street Address] [City, ST ZIP] [Phone]

[Email Address]

SHIP TO

[Name]

[Company Name] [Street Address] [City, ST ZIP] [Phone]

DESCRIPTION	QTY	UNIT PRICE	AMOUNT
Service Fee	1	200.00	200.00
Labor: 5 hours at \$75/hr	5	75.00	375.00
New client discount		(50.00)	(50.00)
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			_
			-
Thank you for your business!	тоти	AL	525.00

If you have any questions about this invoice, please contact [Name, Phone, email@address.com]