

Your Company Name

Street Address

City, ST ZIP Code

Phone Number, Web Address, etc.

INVOICE**DATE:** March 18, 2015**INVOICE #:** INV1001**BILL TO**

Name Test Customer 1

Address

City, State ZIP

Country

Phone

Email

Client # C1000

SHIP TO

Name Test Customer 1

Address

City, State ZIP

Country

Contact

P.O. #	Sales Rep. Name	Ship Date	Ship Via	Terms	Due Date
		3/18/2015			

# / Taxable	Description	Quantity	Unit Price	Line Total
P1002 <input type="checkbox"/>	Test Product 3 (Non-taxable)	1	300.00	300.00
P1001 <input checked="" type="checkbox"/>	Test Product 2 (Service)	1	200.00	200.00
P1000 <input checked="" type="checkbox"/>	Test Product 1	1	100.00	100.00
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

SUBTOTAL 600.00

PST 8.000% 24.00

GST 6.000% 18.00

SHIPPING & HANDLING -

TOTAL 642.00**PAID** -**TOTAL DUE** 642.00**NOTES:**

THANK YOU FOR YOUR BUSINESS!