Company Name

Your Company Slogan

INVOICE

Street Address City, ST ZIP Code Phone: Phone Fax: Fax

INVOICE #100 DATE: DATE

TO:

Recipient Name Company Name Street Address City, ST ZIP Code Phone: Phone

SHIP TO:

Recipient Name Company Name Street Address City, ST ZIP Code Phone: Phone

COMMENTS OR SPECIAL INSTRUCTIONS:

To get started right away, just tap any placeholder text (such as this) and start typing to replace it with your own.

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
					Due on receipt

TOTAL	UNIT PRICE	DESCRIPTION	QUANTITY
	SUBTOTAL		
	SALES TAX		
	PPING & HANDLING		
	TOTAL DUE		

Make all checks payable to Company Name.

If you have any questions concerning this invoice, contact Name, phone, email.

THANK YOU FOR YOUR BUSINESS!