[Company Name]

[Company Slogan]

[Stress Address] [City, ST ZIP]

Phone: [000-000-0000] Fax: [000-000-0000]

BILL TO:

[Name]

[Company Name]

[Stress Address]

[City, ST ZIP]

[Phone]



DJINVOICE

[Your Company Name]

DATE: INVOICE # Customer ID 5/29/15 [123456] [123]

DESCRIPTION		A	WOUNT
	CITEMATAL		
THER COMMENTS	SUBTOTAL TAX RATE	. 3	0.000%
Total payment due in 30 days	TAX	5	
Please include the invoice number on your check	OTHER	\$	4
	TOTAL	\$	13.5%
	Make all checks payable to		