TAX INVOICE

Client's Name

Address Line 1

Address Line 2

City, Post Code

Client's NZBN

Business name	(Business name)
Date	(Date)
Invoice No.	(Invoice No.)
GST No.	(GST No.)
NZBN	(NZBN)

Description	Quantity	Unit Price	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal	_____
GST	_____
Amount Due	_____

Invoice to be paid to account (enter Account Number)

Due date (enter due date)

Notes

Company Name

Address Line 1

Address Line 2

City, Post Code

Phone

Mobile

Email