TESTS.	
COS.	
	OR MI
BILL TO	SHIP TO

(0)	INVOICE NO.	DATE
100		
	CUSTOMER ID	TERMS
4		

enter percentage TAX RATE

TOTAL TAX

**OTHER** 

**TOTAL** 

RVICES INVOICE

Remarks / Instructions:

SUBTOTAL

entertotal amount DISCOUNT

SUBTOTAL LESS DISCOUNT

Please make check payable to

THANK YOU

For questions concerning this invoice, please contact