[Company Name]

[Street Address] [City, ST ZIP]

Phone: (000) 000-0000

INVOICE

| INVOICE# | DATE 5/1/2014 TERMS | | |
|------------|---------------------------|--|--|
| 2034 | | | |
| CUSTOMERID | | | |
| 564 | Net 30 Days | | |

BILL TO

[Name]

[Company Name] [Street Address] [City, ST ZIP] [Phone] [Email Address]

SHIP TO

[Name]

[Company Name] [Street Address] [City, ST ZIP] [Phone]

| DESCRIPTION | QTY | UNIT PRICE | AMOUNT |
|------------------------------|------|------------|---------|
| Bervice Fee | 1 | 200.00 | 200.00 |
| abor: 5 hours at \$75/hr | 5 | 75.00 | 375.00 |
| New client discount | | (50.00) | (50.00) |
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| Thank you for your business! | тоти | AL | 525.00 |