|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **[Company name from]** | | |  | |  |  | | |  | |  | **INVOICE** |
| [Street from] | |  |  | |  |  | | | DATE | |  | [Date] |
| [City from], [Zip code from] | |  |  | |  |  | | | INVOICE # | |  | [Invoice number] |
| Phone: [Phone from] | |  |  | |  |  | | | CUSTOMER ID | |  | [Customer id] |
| Fax: [Fax from] | |  |  | |  |  | | |  | |  |  |
| Website: [Website from] | |  |  | |  |  | | |  | |  |  |
|  | |  |  | |  |  | | |  | |  |  |
| **BILL TO:** | |  |  | |  |  | | |  | |  |  |
| [Company name to] | |  |  | |  |  | | |  | |  |  |
| [Street to] | |  |  | |  |  | | |  | |  |  |
| [City to], [Zip code to] | |  |  | |  |  | | |  | |  |  |
| [Phone to] | |  |  | |  |  | | |  | |  |  |
|  |  | | |  |  |  | | |  | |  |  |
| **SALESPERSON** | **P.O. #** | | | **SHIP VIA** | | | | **F.O.B.** | | **TERMS** | | |
|  | [Purchase order] | | |  | | | |  | | Due on receipt | | |
|  |  | | |  |  | |  | |  | |  |  |
| **ITEM #** | **DESCRIPTION** | | | | | | **QTY** | | **UNIT PRICE** | | **TAX** | **TOTAL** |
| [Product name 1] | [Product description 1] | | | | | | [Quantity 1] | | [Price 1] | | [Product tax 1] | [Product total 1] |
| [Product name 2] | [Product description 2] | | | | | | [Quantity 2] | | [Price 2] | | [Product tax 2] | [Product total 2] |
|  |  | | | | | |  | |  | |  | - |
|  |  | | | | | |  | |  | |  | - |
|  |  | | | | | |  | |  | |  | - |
|  |  | | | | | |  | |  | |  | - |
|  |  | | | | | |  | |  | |  | - |
|  |  | | | | | |  | |  | |  | - |
|  | | | | | | | [42] | | SUBTOTAL | |  | $[Subtotal] |
| **Other Comments or Special Instructions** | | | | | | |  | | TAXABLE | |  | $[Subtotal] |
| 1. Total payment due in 30 days | | | | | | |  | | TAX RATE | |  | [Tax rate]% |
| 2. Please include the invoice number on your check | | | | | | |  | | TAX | |  | $[Tax] |
|  | | | | | | |  | | S & H | |  | - |
|  | | | | | | |  | | OTHER | |  | - |
|  | | | | | | |  | | **TOTAL** | |  | **$ [Total]** |
|  |  | | |  |  |  | | |  | |  |  |
| If you have any questions about this invoice, please contact | | | | | |  | | | Make all checks payable to | | | |
| [Person name],[Person phone], [Person email] | | | | | |  | | | **[Company name from]** | | | |
|  | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please detach the portion below and return it with your payment. | | | | |  |  |  |  |
|  |  |  |  |  | |  |  |  |
| **REMITTANCE** | | | | | | | | |
| **[Company name to]** | |  |  |  | |  | DATE | [Payment date] |
| [Street to] |  |  |  |  | |  | INVOICE # | [Invoice number] |
| [City to], [Zip code to] |  |  |  |  | |  | CUSTOMER ID | [Customer id] |
| Phone: [Phone to] |  |  |  |  | |  |  |  |
| Fax: [Fax to] |  |  |  |  | |  | AMOUNT ENCLOSED | [Total] |