INVOICE

[Your Company Name] TO: [Name] SHIP TO: [Name]

[Street Address]   [Company Name]   [Company Name]

[City, ST ZIP Code]   [Street Address]   [Street Address]

[Phone]   [City, ST ZIP Code]   [City, ST ZIP Code]

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

[E-mail address]   Customer ID [ABC12345]   Customer ID [ABC12345]

SALESPERSON	JOB	SHIPPING METHOD	SHIPPING TERMS	DELIVERY DATE	PAYMENT TERMS	DUE DATE
					Due on Receipt	

QUANTITY	ITEM #	DESCRIPTION	UNIT PRICE	DISCOUNT	LINE TOTAL

Total Discount	
Subtotal	
Sales Tax	
Total	

Make all checks payable to [Your Company Name]

THANK YOU FOR YOUR BUSINESS!