

Company _____
Street Address _____
City, State & Zip _____
Telephone _____
Fax _____



INVOICE NO. _____ DATE _____

BILL TO	SHIP TO (NAME)	ADDRESS
_____	_____	_____
		-

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL

SUBTOTAL _____
SALES TAX _____
SHIPPING & HANDLING _____
TOTAL DUE BY _____