

INVOICE

[Your Company Name]

[Your Company Slogan]

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

Phone [000.000.0000] Fax [000.000.0000]

[e-mail]

INVOICE # [100]

DATE: JUNE 18, 2009

TO [Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Customer ID [ABC12345]

SHIP TO [Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Customer ID [ABC12345]

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

[illegible]

Make all checks payable to [Your Company Name]

THANK YOU FOR YOUR BUSINESS!