Your company name

Address
City, State ZIP
Phone

VAT INVOICE

DATE:
INVOICE:

Bill To: *(#)*   **Ship To:**

Name   *Name*
Address   *Address*
City, ST ZIP   *City, ST ZIP*
Country   *Country*
Phone   *Contact*

P.O.	Sales	Despatch	Method	Terms	Due Date

DESCRIPTION	PRICE (inc TAX)	QTY	TOTAL (NET)	VAT	TOTAL (VAT)

NET TOTAL	-
Delivery Charge	-
VAT 17.50%	-
TOTAL	-
PAID	-
TOTAL DUE	-

your web site, email, phone numbers
your vat reg#