

Company Name Primary Business Address Address 2 Phone: 555-555-5555

Fax: 555-555-5555

E-mail: someone@example.com

Invoice

Date Order ID TAX NUMBER Customer VAT

Billing Address

Name Title

Primary Address Address 2

Phone: 555-555-5555 Fax: 555-555-5555

E-mail: someone@example.com

Name

Title

Primary Address

Address 2 Phone: 555-555-6565

Fax: 555-555-5555

E-mail: someone@example.com

Tax Net

- Total payment due in 30 days
 Please include the invoice number on your check

Processing Fees: Taxes: Total:

Make all checks payable to [Your Company Name]

If you have any questions about the invoice, please contact [Name, Phone #, E-mail]

Thanks You For Your Business!