



<Your Company Name>
<Your Company Address>
<Your Contact Details>

ISSUE DATE
DUE DATE
INVOICE NUMBER
PO NUMBER

BILL TO

<Contact Name>
<Client Company Name>
<Address>
<Phone>
<Email>

SHIP TO

<Name / Dept>
<Client Company Name>
<Address>
<Phone>

SHIPMENT INFORMATION

P.O. #
P.O. Date
Letter of Credit #
Currency
Payment Terms
Est. Ship Date

Mode of Transportation
Transportation Terms
Number of Packages
Est. Gross Weight
Est. Net Weight
Carrier

ITEM	QUANTITY	PRICE	TOTAL

SPECIAL NOTES, TERMS OF SALE

	SUBTOTAL
	0.00
SUBTOTAL LESS DISCOUNT	
0.00	
SUBJECT TO SALES TAX	
0.00	
TAX RATE	
0.00%	
TOTAL TAX	
0.00	
SHIPPING/HANDLING	
0.00	

I declare that the above information is true and correct to the best of my knowledge.

Signature _____ Date _____