

Invoice

Company: _____

Complete Address: _____ INVOICE #: _____

Phone: _____ Fax: _____ Email: _____ DATE: _____

Bill to:

Address: _____
City: _____
State/Province: _____ Zip/postal code _____
Country: _____
Phone: _____ Fax: _____
Email: _____

Ship To:

Address: _____
City: _____
State/Province: _____ Zip/postal code _____
Country: _____
Phone: _____ Fax: _____
Email: _____

Comments or Special Instructions: _____

SALESPERSON	P.O. NUMBER	SHIP DATE	SHIP VIA	F.O.B. POINT	TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
		SUBTOTAL	
		TAX RATE	%
		SALES TAX	
		SHIPPING & HANDLING	
		TOTAL	

Make all checks payable to _____
If you have any questions concerning this invoice, contact _____ at _____ or by email at _____

THANK YOU FOR YOUR BUSINESS!