



# INVOICE

[Company Name]  
[Company Slogan]  
[Web Address]

Primary Business Address  
Address 2  
Phone: 555-555-5555  
Fax: 555-555-5555

**To:**

Name  
Title  
Primary Address  
Address 2  
Phone: 555-555-5555  
Fax: 555-555-5555  
E-mail: someone@example.com

**Ship To:**

Name  
Title  
Primary Address  
Address 2  
Phone: 555-555-5555  
Fax: 555-555-5555  
E-mail: someone@example.com

Sales Rep.	P.O. Number	Ship Date	Ship Via	FOB	Terms

ITEM #	Description	QTY	Unit Price	Line Total

**SubTotal:****Taxes:****Total:**

Make all checks payable to  
[Your Company Name]

THANK YOU FOR YOUR BUSINESS