

Company Name Primary Business Address

Address 2

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

E-mail: someone@example.com

Invoice

Date

1/1/2010

Order ID

Text

TAX NUMBER

Text

Customer VAT

Text

Billing Address

Name

Title

Primary Address

Address 2

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

E-mail: someone@example.com

Recipient Information

Name

Title

Primary Address

Address 2

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

E-mail: someone@example.com

Product	Quantity	Price	Item Total	Tax Rate	Tax Net

Other Comments or Special Instructions				
Total payment due in 30 days Please include the invoice number on your check				

Subtotal:	
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]