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