

INVOICE

Date:

Invoice #:

Bill To:

Ship To:

SALESPERSON	SHIP VIA	SHIP DATE	TERMS	DUE DATE

Item #	Description	Quantity	Unit Price	Total

Subtotal: _____

Tax Rate: _____

Sales Tax: _____

Shipping and Handling: _____

If you have any concerns regarding this invoice, please contact

THANK YOU FOR YOUR BUSINESS!

TOTAL:	
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