|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **INVOICE** | | | | | | |
| Date: | | |  | | Invoice #: | |
|  |  | |  | |  |  |
| **Bill To:** |  | |  | | **Ship To:** |  |
| [Client's Name/Company Name] | | |  | | [Client's Name/Company Name] | |
| [Address Line 1] | | |  | | [Address Line 1] | |
| [Address Line 2] | | |  | | [Address Line 2] | |
| [City], [State], [Zip Code] | | |  | | [City], [State], [Zip Code] | |
| [Phone] | | |  | | [Phone] | |
|  | | |  | |  | |
| Salesperson | P.O. Number | | Ship Via | | F.O.B. Point | Terms |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
| Description | | | Quantity | | Unit Price | Total |
|  | | |  | |  |  |
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|  | | |  | |  |  |
|  |  | Tax Rate: | Shipping: |  | Subtotal: |  |
|  |  |  |  |  | Sales Tax: |  |
|  |  | |  | | **TOTAL DUE:** |  |
|  |  | |  | |  |  |
| *If you have any concerns regarding this invoice, please contact* | | | | |  |  |
| *[Name, Phone #, E-mail]* | | | | |  |  |
|  | *Detach and return with payment* | | | | |  |
|  | **REMITTANCE** | | | | |  |
|  | | | | | | |
| Invoice #: |  | | | | | |
| Customer ID: |  | | | | | |
| Date: |  | | | | | |
| Amount Enclosed: |  | | | | | |