

# INVOICE

Date:

Invoice # [100]

[Your Company Name]  
 [Street Address]  
 [City, ST ZIP Code]  
 [Phone]  
 Fax [000.000.0000]  
 [e-mail]

To

[Name]  
 [Company Name]  
 [Street Address]  
 [City, ST ZIP Code]  
 [Phone]  
 Customer ID [ABC12345]

Ship To

[Name]  
 [Company Name]  
 [Street Address]  
 [City, ST ZIP Code]  
 [Phone]  
 Customer ID [ABC12345]

Salesperson	Job	Shipping Method	Shipping Terms	Delivery Date	Payment Terms	Due Date
					Due on receipt	

Qty	Item #	Description	Unit Price	Discount	Line Total
<b>Total Discount</b>					
					<b>Subtotal</b>
					<b>Sales Tax</b>
					<b>Total</b>

**YOUR LOGO  
 HERE**

[Your company slogan]

Make all checks payable to [Your Company Name]

**Thank you for your business!**