

INVOICE

Date: January 19, 2015
 Invoice # [100]

[Your Company Name]
 [Street Address]
 [City, ST ZIP Code]
 [Phone]
 Fax [000-000-0000]
 [E-mail address]

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	

QUANTITY	ITEM #	DESCRIPTION	UNIT PRICE	DISCOUNT	LINE TOTAL

Total Discount		
	Subtotal	
	Sales Tax	
	Total	

YOUR LOGO HERE

[Your company slogan]

Make all checks payable to [Your Company Name]
 THANK YOU FOR YOUR BUSINESS!