YOUR LOGO HERE

[Your company slogan]

Sales Order

Date:

Invoice # [100]

To		Ship To	
	[Name]		[Name]
	[Company Name]		[Company Name]
	[Street Address]		[Street Address]
	[City, ST ZIP Code]		[City, ST ZIP Code]
	[Phone]		[Phone]
	Customer ID [ABC123]		Customer ID [ABC123]

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

Qty	Item #	Description	Unit Price	Discount	Line Total
				Total Discount	
				Total Due	
				Sales Tax	
				Total	

Make all checks payable to [Your Company Name]

Thank you for your business!

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

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