INVOICE

[Your Company Name]	TO:	[Name]	SHIP TO:	[Name]
[Street Address]		[Company Name]		[Company Name]
[City, ST ZIP Code]		[Street Address]		[Street Address]
[Phone]		[City, ST ZIP Code]		[City, ST ZIP Code]
Fax [000-000-0000]		[Phone]		[Phone]
[E-mail address]		Customer ID [ABC12345]		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!