INVOICE

Company

INVOICE

Address
Address
Phone

SOLD TO:
Name
Address
City, State, ZIP

INVOICE #:
INVOICE DATE:
ORDER #:

SHIPPED TO:
Name
Address
City, State, Zip

SALES REP:
SHIPPED VIA:
F.O.B:

Sales Tax Rate:

Quantity	Description	Unit Price	Amount
		Sub.Total	
		Tax	
		Freight	
			PAY THIS AMOUNT