Company name

INVOICE

Street address
City, State, and Zip

Phone

SOLD TO:

INVOICE NUMBER	
INVOICE DATE	
OUR ORDER NO.	
YOUR ORDER NO.	
TERMS	
SALES REP	
SHIPPED VIA	
F.O.B.	
PREPAID or COLLECT	

SHIPPED TO:

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
		SUBTOTAL	
		TAX	
		FREIGHT	
			PAY THIS AMOUNT

DIRECT ALL INQUIRIES TO:
Name
Phone
e-mail:

MAKE ALL CHECKS PAYABLE TO:
Company
Attention
Street address
City, State, and Zip

WE APPRECIATE YOUR BUSINESS!!

Sample Preview