

COMPANY NAME

INVOICE

BILL
TO

Name
Street Address
Address 2
City, ST ZIP Code

SHIP
TO

Name
Street Address
Address 2
City, ST ZIP Code

Invoice #

Invoice Date

Customer ID

DATE	YOUR ORDER #	OUR ORDER #	SALES REP.	F.O.B.	SHIP VIA	TERMS	TAX ID

QTY	ITEM	UNITS	DESCRIPTION	DISCOUNT %	TAXABLE	UNIT PRICE	TOTAL

Subtotal

Tax

Shipping

Miscellaneous

BALANCE DUE

Please return the portion below with your payment.

REMITTANCE

Invoice #	
Customer ID	
Date	
Amount Enclosed	

YOUR LOGO
HERE

Street Address
Address 2
City, ST ZIP Code
Country

PHONE (705) 555-0125
FAX (705) 555-0126
E-MAIL someone@example.com
WEB SITE <http://www.breyresearch.net>