[Company Name]

[Street Address]
[City, ST ZIP]
Phone: [000-000-0000]
Fax: [000-000-0000]
Website:

INVOICE

DATE	5/1/2014
INVOICE #	[123456]
CUSTOMER ID	[123]

BILL TO:	SHIP TO:
[Name]	[Name]
[Company Name]	[Company Name]
[Street Address]	[Street Address]
[City, ST ZIP]	[City, ST ZIP]
[Phone]	[Phone]

SALESPERSON	P.O. #	SHIP DATE	SHIP VIA	F.O.B.	TERMS

ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL
[Z345678]	Product XYZ	15	150.00	2,250.00
[Z34Z342]	Product ABC	1	75.00	75.00
				-
				-
				-
				-
				-
				-
				-

SUBTOTAL	2,325.00
TAX RATE	6.87586
TAX	159.84
S & H	-
OTHER	-
TOTAL	**$ 2,484.84**

Other Comments or Special Instructions

1. Total payment due in 30 days
2. Please include the invoice number on your check

If you have any questions about this invoice, please contact
[Name, Phone #, E-mail]

Make all checks payable to
[Your Company Name]

Thank You For Your Business!

Please detach the portion below and return it with your payment.

REMITTANCE

[Company Name]
[Street Address]
[City, ST ZIP]
Phone: [000-000-0000]
Fax: [000-000-0000]

DATE	
INVOICE #	[123456]
CUSTOMER ID	[123]
AMOUNT ENCLOSED	