[Your Company Name]

INVOICE

[Your Company Slogan]

[Address]
[Town, County Postal Code]
Phone [01234 567890] Fax [01234 567890]

INVOICE No [100] DATE: 5 April, 2012

BII	ling	Ad	dr	e	SS	
TNI-	maal					

[Name] [Company] [Address]

[Town, County Postal Code]

[Phone]

Delivery Address:

[Name] [Company] [Address]

[Town, County Postal Code]

[Phone]

Comments or special instructions:

SALESPERSON	P.O. NUMBER	SENT DATE	SENT VIA	F.O.B. POINT	TERMS
ly s			5		Due on receipt

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
		200 200 200 200 200 200 200 200 200 200	
Ø	22		
		SUBTOTAL	
		SALES TAX P&P	
		TOTAL DUE	
		TOTAL DUL	-

Make all cheques payable to [Your Company Name]

If you have any questions concerning this invoice, contact [Name, Phone Number, E-mail]