

INVOICE

		Invoice # : Invoice Date :		
Bill To:	[Company Name]	Ship To:	[Company Name]	
	[Company Address]		[Company Address]	-1.3
	[City, ST, ZIP Code]		[City, ST, ZIP Code]	13
	Attn :		Attn :	- 8
	Phone :		Phone :	
	Fax :		Fax :	
	Email :		Email :	43
	5	***		18

Item No	Description	Qty	Unit Price	Amount
			Total	
Make all checks payable to :			State Tax 3%	
[Company Name]			Federal Tax	
[Bank Name]			Shipping	
[Bank Account]			Grand Total	

Thank You!
We appreciate your business