## **Your company Name**

[Your Company Slogan]

INVOICE

[Street Address]
[City, ST ZIP Code]
Phone [509.555.0190] Fax [509.555.0191]

INVOICE #[100] DATE: SEPTEMBER 27, 2016

TO:

[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]

SHIP TO:

[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]

## **COMMENTS OR SPECIAL INSTRUCTIONS:**

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL	
		SUBTOTAL		
	SALES TAX			
	SHIPPING & HANDLING			
	TOTAL DUE			

M	ake	all	check	s paya	ble to	Your	Company	Name]
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Payment is due within 30 days.

If you have any questions concerning this invoice, contact [Name, phone number, e-mail]

Thank you for your business!