Your company Name

[Your Company Slogan]

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

INVOICE #[100] DATE: JULY 3, 2012

TO: SHIP TO: [Name]

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

[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			

Make all checks payable to	[Your Company Nam	e]
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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!