Company				
Dept.				
Street Addres		City		
State	Zip Code			
Telephone				
Email:				
Invoice				
Bill To:		Payable to	able to Invoice No:	
Dilling Name			Date:	
Billing Name			Date:	
QUANTITY		DESCRIPTION	UNIT PRICE	PRICE
			SUBTOTAL	
SALES TAX				
SHIPPING & HANDLING				
			TOTAL	
	If you have a	ny questions concerning this invo	pice, please contact	
	Name _	Telephone		

THANK YOU FOR YOUR BUSINESS!