	Your Company Name Here	INVOICE
Company Logo Here	Your Street Address Here	Invoice Number:
. , ,	Your City/State/Zip Here	
	Your Phone # Here	Invoice Date:
	Your Fax # Here	

Customer Information:

Billing Address:		Shipping Address:	
Company:		Company:	
Name:		Name:	
Address:		Address:	
City/State/Zip		City/State/Zip	

Shipping Method:	
ompping moulous	

Order Information:

Qty	Product Description	Amount Each	Amount