

INVOICE

YOUR COMPANY NAME

YOUR ADDRESS
YOUR CITY, STATE ZIP
YOUR PHONE NUMBER

INVOICE NO:

SALESPERSON

INVOICE DATE:

TO:

SHIP TO:

| ACCOUNT # | DATE ORDERED | SHIPPED VIA | TERMS | YOUR ORDER # |
|-----------|--------------|-------------|-------|--------------|
|-----------|--------------|-------------|-------|--------------|

| QUANTITY | UNIT | DESCRIPTION | UNIT PRICE | AMOUNT |
|----------|------|-------------|------------|--------|
|----------|------|-------------|------------|--------|

TAX

FREIGHT

TOTAL